Day

Days

U.S. A.

INTERVAL BETWEEN ONSEL AND DEATH

DMAI

e. IS RESIDENCE

ON A FARM?

YES NO M

Year

1960

ver thrombe	au,	Lenkeron
hlebitis		whenen
ED TO THE TERMINAL DISEASE CONT	DITION GIVEN IN PART	PERFORMED? YES NO
ure of injury in Part I or Part II of i	tem 18.)	
JRY (Home, farm, 20f. (City or tow office bldg., etc.)	n) (Co	unty) (State)
52 to May 10  at/105AM, from the conduction of t	auses and an the ty or town, state)	date stated above.  DATE SIGNED  May 10, 19
	9 Md.  City, town, or county)  AND MARYLA	(Stote)
240. REC'D BY REGISTRAR DATE MAY 1 2 '60	24b. REGISTRAR'S SIGN	

TO FUNERAL DIRECTOR: page 3 shauld be VS A15 (4) 15M 9/58

retained

prior

ACTUAL

SIGNATURE

PHYSICIAN'S

NAME (Type)

John

220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

WARNER E. PUMPA

awrence

5/13/60

22c. NAME OF CEMETERY OR CREMATO

SILVER SPRING, MD.

CEMETERY

ROSE HILL

4.5 3 The second secon The state of the s A THE PART OF THE the party was a second or the second 

Sec. 1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

115849

n

	Thom	8 Film Can	AIL YIE		ale.				
PLACE OF DEATH			2. USUAL RESID	ENCE (When	re deceased I	ived. If institution	n: Residence	before admiss	sion)
a. COUNTY		MARYLAN	o. STATE			b. COUNTY			
MONTGOMERY	(If outside corporate limits, write	c. LENGTH OF STAY IN 1	MARYLAN		tride secondar	te limits, write R	TGOMER'S		n)
RURAL and give n		C, LENGTH OF STATE IN T	c. CITT OK I	OMIA (II. ORI	iside corboro	re ilmis, write ki	JANE ONG GIV	D HEGION IOW	1.03
OLNEY		5 HR. 20 M	IN. CLARK	SBURG		03			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give street	address)	d. STREET AT	DDRESS		1			FARM?
	COUNTY GENERAL	HOSPITAL, IN	C. A2 HAN	MOND	DR.			TES	NO [7]
NAME OF DECEASED	First	Middle	Last		4. DATE OF	Mon	th	Day	Year
(Type or print)	Rosie		Arringto	17 / 17 /	DEATH	MAY	Tim til smmm = 1	6	19 60
. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	10/20/	18949	AGE (In years lost bigthdoy)		Hours	Min.
FEMALE	WHITE WIDOW		10/29	1/4444	/	7.41	0 2	.0	
during most of wor	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPL	ACE (State o	r foreign cou	ntry)	12. CITIZE	N OF WHAT	COUNTRY?
Housewif	e			GINIA			US	SA	
3. FATHER'S NAME			14. MOTHER'S	MAIDEN NA	AME				
PEARCE G	LASS		Fra	nev B	ledso	e			
	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	7. INFORMANT			Addi	ess	-	
No. of the south	(If yes, give war or dates of service)	None	HOSPITAL	DECO	200	0	NEY. MI		
1	ATH Enter only one cause per li		. HUSPITAL	RELU	KU3	- UL	NE L	INTERVAL BE	FTWFFN
	ATH WAS CAUSED BY:	A ( D) (D) (D) (D)	. /	0 .	_			ONSET AND	
Taki i. bu	IMMEDIATE CAUSE (6)	The pluje	a Relet or	22000	cea			21/6	4-
3311	DUE TO	0	1	0					
C. 194	114.5								
Conditions, if a									
couse (a), stating									
lying cause last.	(c)								
PARE IL OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THETERMIN	IAL DISEASE	CONDITION GIV	EN IN PART I	(o) 19. WAS	AUTOPSY
É									NO 14
20- ACCIDENT W	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCU	PRED (Enter noture of	Finings in Po	act Lor Port I	1 of item 18 )			,
OR CONTRIBUTING	G CAUSE OF DEATH	CRIDE HOW HOOK! OCCO	KKED. ĮEMISI NOIDIO OI	injury in re	211 1 01 1 011 1	. 0			
20c. TIME OF INJU	RY Manth, Day, Year 20d. I	NJURY OCCURRED 20s.	PLACE OF INJURY IF	tame, farm.	20f. (City o	er tawni	(Co)	unty)	(Stote)
Haur o. m.	While	Not while	factory, street, affice		1		,	//	(
p. m.	19 of war	rk ot work				1			
21. I certify the	ot (I) (this hospital) often	ded the deceosed from	m	. 19	, Jo		19	, that (I) i	(we) last
saw the decea	sed alive on MAY 6	19.60 , and the	at death accurred	6:10	MPfram th	ne causes an	d an the c	dote stated	d obove.
22a. SIGNATURE			30011						b. DATE
XX	Bonizai	4	M.D. PHYS.		ECTOR [	STAFF PHYS.			SIGNED
22c. PHYSICIAN'S	0		22d. ADDRE	SS					
NAME (Type)	A. D. BONIFANT	, M. D.	SA	NDY S	PRINGE	Mo.			
30 RIIDIAI CREMATIO	ON, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OD CREMATORY		234 LOCATIO	ON (City, town,	n sauabel	/Cto	tal
REMOVAL (Specify	= 17/50				_			(Sto Virgit	
Bur-Trans		Berks Unio	n Cemete	4	Sco			0	ILA
4. FUNERAL DIRECTOR		ADDRESS	Same Same	25a. REC'D	BY REGISTRA		STRAR'S SIGN	,	
Robert A	A. Pumphrey	Bethesda, M	aryland	DATEMAY	9 '60	Class	Brut. S. T.	raise	

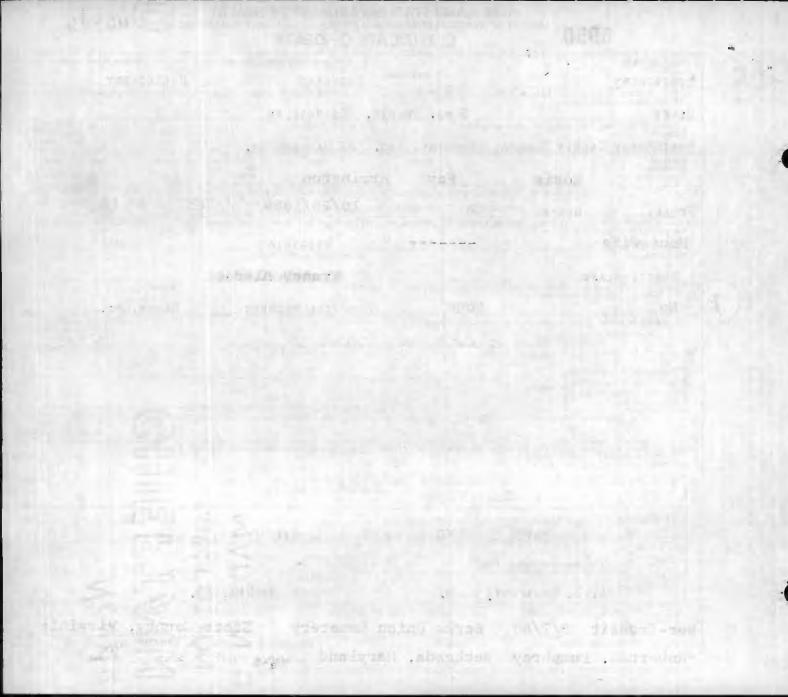
may be stanned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be sitebowith the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

s after death. Page 4

TO HOSP VR A15 (4) 1SM 9/S9



CERTIFICATE OF DEATH

05850

Dr. Md.

	0013	Reg. Dist. No.
	PLACE OF DEATH o. COUNTY Montgomery MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mary land b. COUNTY Montgomery
	b. CITY OR TOWN (If outside corporate limits, write SILVER SPRING	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Bethesda
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 222 Whitmoor Terrace	/d. STREET ADDRESS 9106 Ewing Drive . •. IS RESIDENCE ON A FARM? YES □ NO 6
	NAME OF DECEASED (Type or print) Ruth Flora	Auguster Cer DEATH Month Day Year DEATH May 30 1960
5.	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   Female White WIDOWED DIVORCED	lost birthdoy) Months Dove Hours Lin
100	d. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II during most of working life, even if relired)	Washing to n, D. C.   12. CITIZEN OF WHAT COUNTY   U.S.A.
13.	FATHER'S NAME Eugene B. Perry	14. MOTHER'S MAIDEN NAME Ruth A. Zea
	. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10. no. or unknown) 115 yes, give wor or dutes of service) 100	Ernest H. Augusterfer, JrBethesda,
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  DUE TO  (c)	vt breast. 131.
TIFICATION	lun, com	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO  URRED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL CERTIF	,	e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stot factory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram. Jav. alive on 11 a. 3 c., 19 60, and that de ACTUAL SIGNATURE	eath occurred at 11:50 AM, from the causes and on the date stated about the stated about th
	NAME (Type) Kryes/ K. Harmou	Silver Spring M.O.

TO HOSP COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 years after death. Page 4 may be sined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

	STADENTS		* x**		
			31		
				W. T.	
			5.04		
			v		
HAT ALL CENTER OF THE PARTY OF				2	
	125		112		
			3411		
			176		
			1		
		-1			
Light of marking				M.	

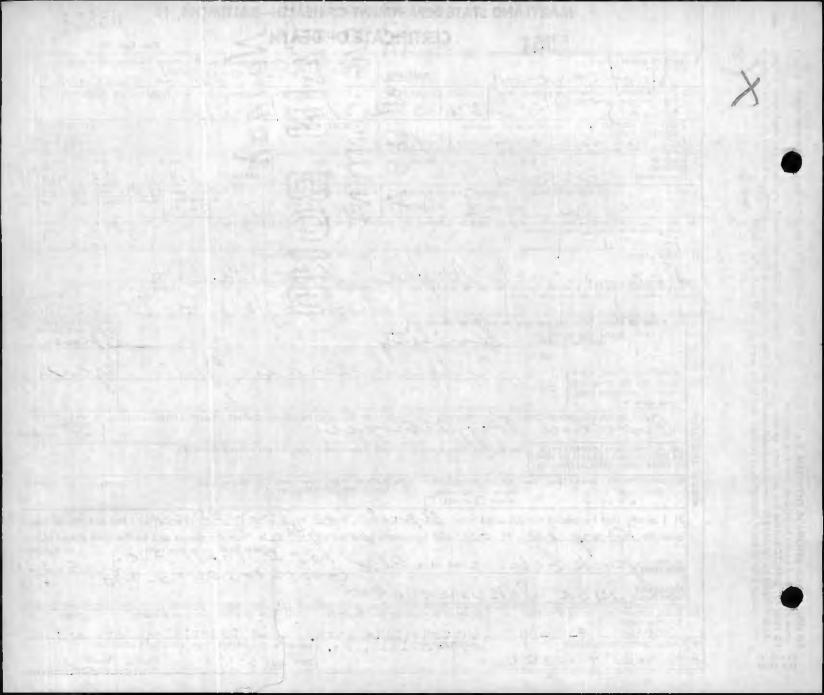
Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Maryland Maryland	Mel. Thoutsomery
b. CITY OR TOWN (If outside carporale timils, writer c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oylside corporate limits, write RURAL and give nearest town)
(Rusol) O/nen 200,-3WA	10 × 10 -11-1013711/6
d. NAME OF HOSPITAL (16 not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
TORINSTITUTION Home Force Porting	ON A FARM? YES N NO T
3. NAME OF First Middle	
DECEASED	4. DATE Month Doy Year
(Type or print) Qamle el	H21100 DEATH MON 23 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
Mare WIDOWED DIVORCED	Mary 20 1877 (33 brindoy) Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRYS
during most of working life, even if retired	9850
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
The Second Make	Eliandalle D.
down samuel Flyton	1 Elizabeth hary
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  [Yes. no. or unknown]   (If yes, give wor or date of service)	INFORMANT Addgess
	Jessie Hyton Kt I Derring M
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MMMEDIATE CAUSE (0)  Servilette	ONSET AND DEATH
450 PUE TO	1
1 7 7	- 00 9- 10
Canditions, if ony, which gove rise to immediate (b)	ruceres pur years
couse (a), stating the under-	1/
lying cause last. ) (c)	
ANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 on man rypens	YES NO P
Ant II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BY  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTIONS CONTR	RED. (Enter nature of injury in Part I or Part II of item 18.)
CONTRIBUTING LI CAUSE OF DEATH	
	PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
Haur a. m. While Not while	factory, street, office bldg., etc.) (City or town) (County) (State)
p. m. 19 at work at wark	
21. I certify that I attended the deceased fram Clini	el, 1960, to May 23, 1960that I last saw the deceased
alive an Mary 19, 19, 60, and that dea	th accurred at Sam, from the causes and an the date stated above
and the state of t	
ACTUAL trush Arlangueste	DATE SIGNED
SIGNATURE	M.O. 641 16665 66 19 11 1 2 - 63
PHYSICIAN'S Jack Schumach	C/2 60
NAME (Typo) JACK UCHOVIGEN	
220. BURIAL, CREMATION, 22b. DATE THEREOF Z2c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 5-25-60 Laytonsvil	le Meth Laytonsville, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE A LEADUREST S VIL	
Francis H. Garber	DATE MAY 27 60 arthur S. Kinus

may be direct by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian ar remayal, and in any event within 72 haurs after death rs after death: Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2, TO HOSP

VS A15 (4) 15M 10/57



#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

05859

	5.9	31	CERTIFI	CATE	OF DEATH			(,000	البه) ال	
1. PLACE OF DEATH o. COUNTY	Montg,	0.2	MARYL	11	USUAL RESIDENCE (WE o. STATE	ere deceased	lived, If institution b COUNTY	Ment		sion)
RURAL and give n	of outside corporate limit earest tawn) ACTSOUTE	ts, write c. I	LENGTH OF STAY II	N 16	CITY OR TOWN (If o	utside corpor Lthers		URAL and give	nearest low	rr)
	TAL (If not in haspital, g	ive street addr			/d. street ADDRESS Bryan A		saut.R		ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Earl Earl	st	Middle Russel	1	Bailey	4. DATE OF DEATH	May	13	,	Year
s. sex	6. COLOR OR RACE	7 MARRIED [	NEVER MARRIED	-	ATE OF BIRTH		9. AGE (In years last birthday) 80 yrs	Menths 28	AR IF UND	1
10g JSUAL OCCUPATION	ON (Give kind of work of king life, even if retired) Painter	Pai	of Business or	INDUSTRY	11. BIRTHPLACE (Stote	or fareign co	untry)	12 CITIZEN	S A	
13. FATHER'S NAME Zerop	py Baile	y		1	4. MOTHER'S MAIDEN N		•bers•a			
	R IN U. S. ARMED FOR (If yes, give war or dates of se		IAL SECURITY NO	17 INFO	m C. Baile	ey. G	Add aithers		Md.	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Par	r (0), (b), and (c).]	tie	is from			0	NTERVAL BE	ETWEEN DEATH
Conditions, if a gave rise to i couse (a), stoting	mmediate (	f	remare	121	the thelion	in 4	fac		ageë	int
lying cause last.  Part II. OT		DITIONS CONT		TH BUT NO	T RELATED TO THE TERM	NAL DISEASE	CONDITION G.V	EN IN PART 1(c	PERFC	AJTOPS ORMED?
OR CONTRIBUTING	AS UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)			CURRED. (I	Enter noture of injury in	Part 1 or Part	II of item 1B)			-
20c. TIME OF INJUI Hour o. m. p. m.	19	While at wark	Not while ot wark	foctory	O INJURY (Home, farm , street, office bldg., etc	20f. (City		(Caun		(Stot
sow the deceo	ot (1) (this hospital sed alive an 140	ottended	the deceased f	rom.	th occurred SA	M, from	the coules an			
220 SIGNATURE	Tell.	Litt	Eccusal	, M D	PHYS DI	ED RECTOR	STAFF PHYS	3	1/3/	SIGNE
22c. PHYSICIAN'S NAME (Type)		nothic			Reckv1					
23a BURIAL, CREMATIC REMOVAL (Specify	5-16-6	_	Gate •	rery or c	REMATORY <b>QV GR</b>		ION (City, town, o		(Sto	ote) [d] ,
24 SUNERAL DIRECTOR	1 4 1	1.	Chi 210	ac ris	DATE	D BY REG ST	100	STRAR'S S GNA		

Children S. House

YR A1S (4) 1SM 9/59



vrs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOS

VS A15 (4)

1SM 9/SB

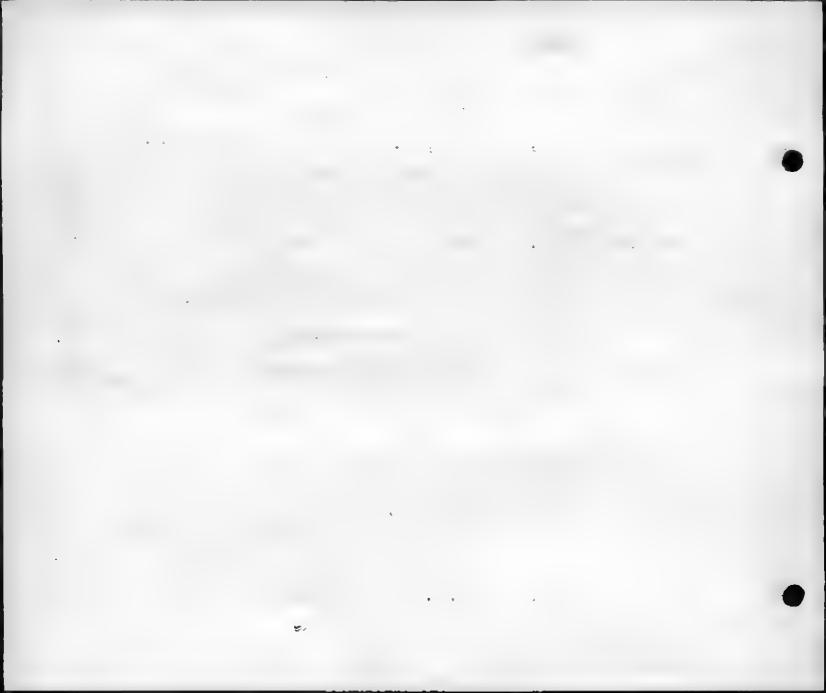
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OF DEATH

Reg. Diet. No.

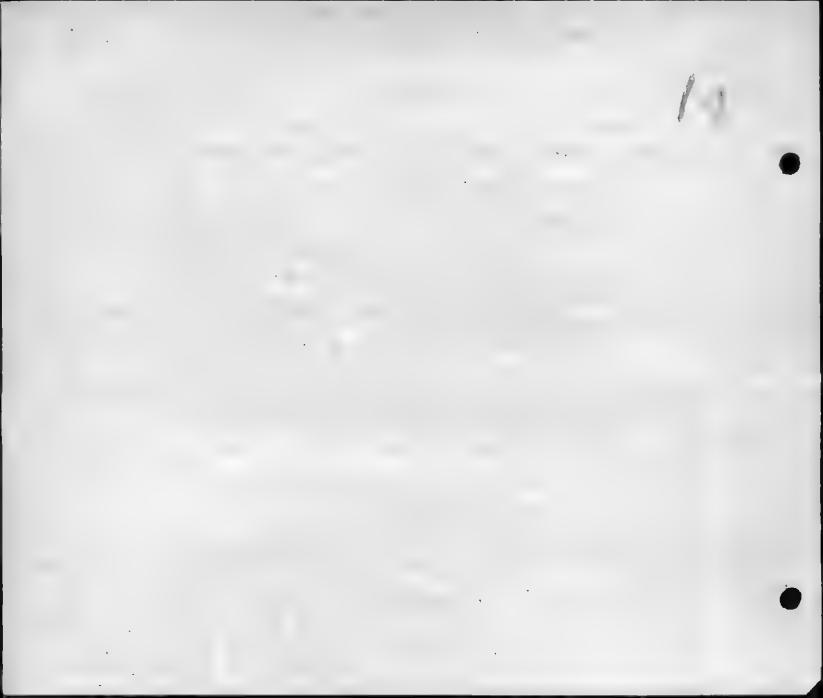
952	CERTIFICA	TE	OF	DEA	(Th

<u> </u>			Reg. DI	\$1, 140
PLACE OF DEATH COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who state District of	ere deceased ived If institution Resident Columbia	ce before admission)
b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If or	utside corporate limits, write RURAL and	give nearest town)
RURAL and give nearest town)  Bethosda	10 days	Washington		47x.3
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
The Clinical Center, Betho	esda 14. Md.	3700 Albema	rle Street, N.W.	YES NO
3. NAME OF First	Middle	Lost	4. DATE Month	Day Yeor
(Type or print) Imre	Peter	Baka	OF DEATH May	5 1960
S. SEX 6 COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER Months	
Male White WIDOWE	DIVORCED 🗌	May 10, 1883	76 yrs Months	Doys Hours Min
10o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State	or foreign country) 12 CIT	IZEN OF WHAT COUNTRY?
Apartment House Mgr. He	ousing	Hungary		Hungary 🖊
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Imre Baka		Susanna Na		
TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. ( (Yes, no, or unknown) (If yes, give way or dates of service)			ical Record Address	
	None Th	e Clinical Cer	nter, Bethesda 14,	Maryland
18 CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c) ]			INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	Intracerebell	ar hemorrhage		1/2 hr.
DUE TO				
Cond Fors, if only, which (b)	Chronic myelo	genous leukem	ia	17 months
gove rise to immediate DUE TO				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition given in par	T 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	ort I or Port II of item 18)	
2	· fa	ACE OF INJURY (Home, form, ctory street, office bldg, etc.		County) (State)
Hour om.  Nhi.e of work	Not while of work	clory sheer, office blug, etc	<b>'</b>	
21 I certify that I attended the decease	ed from April 25	. 19 60 to M	av 5 1960 that I lo	ist saw the deceased
alive an May 5 , 196			M, fram the causes and on the	
	( )		ADDRESS (Street, city or lown, state)	DATE SIGNED
ACTUAL SIGNATURE	1100	M.D. The Clin	ical Center	5/6/60
1	7,000		Institutes of Hea	lth
PHYSICIAN'S NAME (Type) Jerry 3. Trie:	r, M. D.		ll. Maryland	
220 BURIAL, CREMATION, 226 DATE THEREOF  EMOVA, (Specify)   May 7, 1960	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or county)	Stole) Hd
28 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS M SY	1V VV	BY REGISTRAR 246. REGISTRAR'S SI	- 1/
IN AN CONCENSE OF THE	2010	DATE	MAY 11'60 arthur	S. Three



EARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RES 5953 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) y is necessary, I director. Page or your files. e. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside of porete limits, write RURAL end give negest town) corporate limits, write RURAL and give nearest town! for your Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO be retained NAME OF Middle DATE Month 3 to the D0750488 OF the (Type or print) DEATH **qours** after with AGE (In years IF UNDER TYEAR ! IF JNDER 24 HRS. NEVER MARRIED 8. DATE OF BIRTH may 1 2 with last birthday) Months Days Hours and WIDOWED I DIVORCED 28. This certificate should be seen and within 24 flours affer the word "pending" in pencil in Irem 18, Give Pages 1, 2, a Medical Examiner's Office along with form PM3, Page 5 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country, 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immadiate cause **DUE TO** (a), stating the underlying cremation, PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1:01, 19. WAS AUTOPSY PERFORMED? lease execute the certificate, writing the word JSE WAS | 2014 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) NO 20a EXTERNAL CAUSE VAS MEDICAL EXAMINER: burial, CAUSE OF DEATH. should be forwarded to the Chief 1 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., atc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 , Inspection 🛃 Inquiry . and in my opinion agent, Undetermined manner death resulted from-Natural causes Accident . Suicide Homicide 0 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 2 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. LNAME OF-CEMETERY OR CREMATORY 22da LOCATION (City/Town, or country) (Stata) DE 0 24O 24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. ATSME 5M 7/59

AND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ofter death. death physician ö

that t DIRECTOR: he VS A15 (4) 15M 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05856

CERTIFICATE OF DEATH 5955 Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) O. COUNTY, ONT GOMER b. COUNTY MARYLAND MONTGOMER CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest town) 22 DANIS SILVER 5 PRING DETHESDA d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION GRANDIN 10415 YES NO LA SUSURBAN HOSPITAL NAME OF Middle 4. DATE Year OF DEATH DECEASED ALBERT SARRY MAG 1960 (Type or print) 20 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years lost birthday) Months AUGUST 6, 1903 MARE DIVORCED | WIDOWED [ 56 yrs 11. BIRTHPIACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? Lithographer even if retired) Kaufmann Printing Co. New Brunswick, Canada 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unknown unknown 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Mrs. Clara A. Barry, 10415 Grandin Rd. no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: BILATERAL EMPYEMA SECONDARY TO CEAKAGE 2 WIE 155 OF GASTRO. ESOPHOGEAL ANASTALIOSIS PULMONARY INFARCTION AND EMBOLISM gave rise to immediate DUE TO cause (o), stoting the under-ADENOCARCINOAA FUNDUS STOMATH lying couse last CERT.FICATION PART II. OTHER'S GN/FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, 20e PLACE OF INSURY (Home, form, 20f (City or town) (County) Day, Year 20d. INJURY OCCURRED (State) foctory, street, office bldg., etc.) Hour o.m Not while at wark of work 21. I certify that I attended the deceased from OCT. 22 , 1954, to 14420 , 1960that I last saw the deceased 19.60, and that death accurred at  $7^{29}M$ , from the causes and an the date stated above. ADDRESS (Street, city or town, stole) AVENUE GOLRAMA MAY21,1960 PHYSICIAN'S A. ROBUNIS, MID. SILVER SPRING, MARYLAND JAMES NAME (Type) 220 BURIAL CREMATION, 22b DATE THEREOF 22d, LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ST. JOHN'S CEMETERY MONTGOMERY COUNTY, MD. 5/24/60 24h REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE SILVER SPRING, MD. 24a, REC'D BY REGISTRAR DATMAY 25 '60 arthur & Krous

filed eral the fune shauld b and . 5 filled certificate physici haurs 2 attending death o within 0 gned burial-transit ached far by the TO FUNERAL DIRECTOR:

VS A15 (4)

15M 9/5B

remayal,



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 5956

05857

-											
1	PLACE OF DEATH a. COUNTY			MARYL	AND	2. USUAL RESIDENCE G. STATE		ed lived If institut b. COUNTY	1		
H		Montgomer		c. LENGTH OF STAY IN			ryland				onery
	RURAL and give no	lf autside carparate I mi earest tawn)	is, write	C. LENGTH OF STAT IN	4 10	c CITY OR TOWN	,	sorgie ismits, write	KOKAL DIG BIS	re alequ	est tuwn)
	Potoma				- 11	Rocky					10 DECIDENCE
	OR INSTITUTION	[AL (if not in hospital g		adress)		d STREET ADDRES		_ 3			ON A FARM?
	Ropine	Nursing	Home		,	3900	Falls	Road			YES NO
	NAME OF DECEASED	Fin	5Î	Middle		Last	4. DATE	Ма	nth	Day	Year
	(Type ar print)	Edi	th_	G		Bayly	DEAT	H May		20	19 60
5.	SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	CK B.	DATE OF BIRTH		9 AGE (In years last birthday)		YEAR	IF JNDER 24 HR
	Female	White	WIDOWE	DIVORCED		9/15/186	55	94 yrs		dys	ridurs win
100	JSUAL OCCUPAT C	ON (Give kind of work a king life, even if retired)	dane 10b K	IND OF BUSINESS OR	INDUST			country)	12 CITIZE	EN OF	WHAT COUNTRY
	Nurse	king me, even ir reined		Nursing		Virg	ginia			US	
13.	FATHER'S NAME					14. MOTHER'S MAID					
		James P.	Bavly	U7				Ward			
	WAS DECEASED EVE	R IN U S ARMED FOR	CES? 16 S	OCIAL SECURITY NO	17 INF	DRMANT			dress		
{Ya	No. no, or unknown)	(If yes, give wor or dates of s		one	R:	rooke Bre	etter-Ne	ephew-sa	ame 2d		
		ATH [Enter anly one ca			<u>, D</u>	DONE DIE	-WCI -III	chica-ac	ance 20		RVAL BETWEEN
		TH WAS CAUSED BY.	7	4	2. 1	L. C.	,				ET AND DEATH
	11 11 000 3	IMMEDIATE CAUSE (a	1_//	Joruna.	car.	Janes,				/	earees 19
	Information of the	DUE TO	Ŕ	Losher F.		2000		0 0	1. 1.		10 -0
	Canditions, if a		1-12	Much	day	culare	ruse	they we	mace	-	10 Clotay
	cause (a), stating		£								
_	lying cause last.	) (c								!	
CATION	PART II OTE	HER SIGNIFICANT CON	DITIONS CO	ONTR BUTING TO DEAT	H BUT N	OT RELATED TO THE T	ERMINAL DISEA	ASE CONDITION GI	VEN IN PART	1 (a)   15	PERFORMED?
S				hone							YES NO
CERTIF	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY 95	CURRED.	(Enter nature of injury	y in Part I ar Pi	ort II of item 18)	2/1		
1 -4	(IF EITHER, NOTIFY	MEDICAL EXAMINERY	2021-	Contribr	lou	- Succe.	they my	4 regal	fen	c2.	~~
S		Y Month, Day, Yes			Oe. PyAC	E OF INJURY (Home, iry, street, office bldg.	form, 20FLC	ty or town) 6	(Co	uniy)	(Stat
MEDI	Hour a m.	2000. 27B	at work	Nat while of work	11	ry, med, office blog.	, sic.] .	relurle	1 , the	42	19 - Bla
	21 Logetify the	at (I) (this hospital	\ attende	ed the deceased f	rant le	19 28	10-5 8 10	Zen ?	0 1960	C/th	ai (I) (we) la
		sed alive and		8 19 6 0, and t			3 M 42	a Alexander			
	22a. SIGNATURE	sed drive unity		22 17 52 Vi ana 1	ngi de	ath accorred des	S.DMY. Stgin	n the codses a	no on the	aare	22h DATE
	//	The Fa	-tk	weel to	<b>≥</b> "	D. PHYS	MED DIRECTOR E	STAFF PHYS.		<	SIGNE
	22¢ PHYS CIAN S			- Course of the	- M	22d ADDRESS	DIKECTOR L			-	120/60
	NAME (Type)	NIA-LI	nth.	com /	Y. D	1105	· Hoas	PSR 7	Toole.	2:0	1. 20 D
72	B IDIAL COTALE	AN POL BATE THERE		22. NAME OF COMME	20V 05	CREMITORY	20, 100	ATION IS		Sild	7 .7 .
230	REMOVAL (Specify)	DATE THEREC	-	23c. NAME OF CEMET		CREMATORY	23d. LOC	ATION (City, town,	or county)		(State)
-	Crematio	7 7	0	Cedar Hi	11	Crematory		itland,	Maryl		<u>d</u>
	FUNERAL DIRECTOR	_	90.	ADDRESS	3/		REC'D BY REGI		SISTRAR'S SIGN		C
	Robert A	Dumphre	37 H	ethesda.	MATT	T ATO DATE		0.0	-1 . 0 4		

may be ned by the hospital or attending physician

TO EUNERAL DIRECTOR: After this sertificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then places move carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or remaral, and in any even within 72 hours after death. s after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2:

TO HOS

VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

E022 CEDTICICATE OF DEATH 05858

		0300		CERTITI	CAIL	OI DE	A!!!					
1. PLAC	CE OF DEATH					JSUAL RESID	ENCE (When	re deceased liv		n: Residence be	efore admi	ssion)
0. 0	MonTgon	IERY		MARYL	AND	I. SIAIC	Md.		b. COUNTY	MonT	90m	V gy
	ITY OR TOWN (If ou JRAL and give neare	ts de corporate limits,	write c LENG	TH OF STAY II	N 16	CITY OR TO	DWN (IF out	tside corporate	limits, write Ri	JRAL and give r	nearest tav	rn)
	Kensing	-	- 4	1/2 MO	5. 2	Si	lver	Sprin	ď	-	/	
d. N	R INSTITUT ON	(If not in haspital, giv	e street address)			d STREET AD	DRESS		0		ON	SIDENCE A FARM?
Ke	nsinglo	N GAR	deNS	JAN.		TIZ	Lexi	Ington	Drive	2	YES [	NOK
	AE OF EASED e or print)	Ed	.NA	Middle		BeA	N	4. DATE OF DEATH	Mont 5	<u>h</u>	Day 7	Year 1960
SEX	6.	COLOR OR RACE	MARRIED N	EVER MARRIEL	8. DA	TE OF BIRTH		9,	AGE (In years ast birthday)	IF UNDER 1 YE.	$\rightarrow$	-
	+	W	VIDOWED [	DIVORCED	0 9	- 28 -	18'8'	2	77 .	Months Doy		Min.
Oa US	UAL OCCUPATION	(Give kind of work do	ne 10b. KIND OF	BUSINESS OR	INDUSTRY	11. BIRTHPLA	CE (State o	r foreign count	ry)	12 CITIZEN	OF WHAT	COUNTRY
	amstres		Own	busir	ness	MH	KYlAN	od-		1	U. 5.	A.
3. FAT	HER'S NAME			N	14	MOTHER'S	MAÍDEN NA	ME				
	13e	MAMIN	A.	BEAN	O	MA	RY	F. K	Blun	don		
		I U. S. ARMED FORCI		ECURITY NO.	17 INFOR	MANT G	eoŕge	town	Rd. Addr	ess Beth	hesd	a, M
	101		Non	e	Ben	j. E.	Bear	1-Brot	her-81	01 010	1	
18.	CAUSE OF DEATH	[Enter only one cous	e per line for (o).	(b), and (c).]							NTERVAL E	
1.	PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (o)_	Clark	have	Sie	Com	hen	activ.	4		1	+ /2
		DUE TO			,	1	/					
C	onditions, if any,	which )										
9	ave rise to imm	ediote (										
	ivse (a), stating the ing couse lost.	under-										
_		SIGNIFICANT-CONDI	T ONS CONTRIBL	ITING TO DEA	THAUT NOT	RELATED TO	THE TERMIN	IAL DISEASE CO	ONDITION G V	EN IN PART 1(o	19 WAS	AUTOPSY
S CALICO		(M.a.	Rema	n 101	11	ربرص	7.4					ORMED?
	ACCIDENT WAS L	INDERLYING [] 12	Ob. DESCRIBE HO	W INJURY OC	CURRED. (Er	ier noture of	injury in Po	ort I ar Part il	of item 18.}		1110	J 710 E
⊑ IOR	CONTRIBUTING CONTRIBUTING CONTRIBUTING	CAUSE OF DEATH			)							
	TIME OF INJURY		20d INJURY O	CCURRED	20e. PLACE O	DE INJURY (H	lame, farm.	20f. (City or	town}	(Coun	tvl	(Stote
200	Hour a.m.	19	While Not	while		street, office			,	,		,-
-	p. m,		at work at s	work				100000000000000000000000000000000000000	<b>*</b> 1			-
21.	I certify that (	l) (this haspital)	_	P 1			19.5	Page Can Col	- 1	196.0		
<u> </u>	w the deceased	alive an	13 19	ا Lond ص	that deatl	accurred	at 7.40	W. 7ff 67n the	causes an	d an the do		
720	SIGNATURE		1 (!			ATTENDING	_ /MED	)	STAFF		-1. 2	26 DATE SJGNE
22	JI LLE	even 1	Ti China	4	MD.	PHYS	DIRE	CTOR -	HYS 🔲		2/1/	160
[ 22	r. PHYSICIAN'S NAME (Type)	Jilliam T	hee A			22d. ADDRES		33		- 17	_	Ma
		Villiam I	Aud	<u> </u>		9000	OCOT	esvil	re Ka.	Silve	er_Sp	rin
3a Bt	R AL, CREMATION, MOVAR (Specify)	23b, DATE THEREOF		AME OF CEME			1	23d LOCATION	(City town o	or county)	(St	ote)
15	urial"	5/19/60			1 Ceme	~~~		Beth		Maryla	ind_	
14 FUN	NERAL DIRECTOR'S SI	IGNATURE	AD	DRESS			250- REC'D	BY REGISTRAL	1	TRAR'S SIGNA	it was	
Ro	bert A.	Pumphrey	Beth	esda.	Mary!	and	DATE	MI A II O		tething of 9	المعادية	

may be wined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please cambon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours offer death. OR ATTENDED GENYSICIAN: The law requires that the death certificate be executed within event within 72 hours after death TO HOSP VR A1S (4) 1SM 9/59

rs ofter death. Page 4



ter 18 Film 262 5-9-MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. 5957 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPI 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH y is necessary, I director, Page or your files. Page e. COUNTY STATE **b.** COUNTY Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) For your f write RURAL and give nearest town! Bethesda (Rural) Bainbridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE Jelay 3 to the funeral ON A FARM? be retained th the State B U. S. Naval Hospital USNTC, Space #1, Bainbridge YES NO 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH BEAVER 19 60 Bonnie Lynn May with 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR! IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED may 2 ithin 24 hours after deat Give Pages 1, 2, and 3 orm PM3, Page 5 may File pages 1 and 2 with last birthday) Months Female Caucasian! WIDOWED [ DIVORCED [ 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired North Carolina U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gene Whitmore BEAVER Dorothy JONES permit. File certificate should be executed within Office along with form burial-transit permit. File noval, and in ANY event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address in Item 18. Yes, no. or unkown) | (Ifvesoivewarordetasoffervica) Hospital Records No None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Res iratory failure pencil IMMEDIATE CAUSE (a **DUE TO** removal, Acute Aspirin poisoning Conditions, if any, which gave rise to immediate cause Examiner's 10 DUE TO (e), stating the underlying 50 cause lest. pesn cremation, PART II, OTHER S,GN,FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa). 19, WAS AUTOPSY CERTIFICATION PERFORMED? pase execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be YES X NO [ 20a. EXTERMAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of item 18.) PRIMARY C. or CONTRIBUTING DE CAUSE OF DEATH. Reported to have taken a number of 5 gr. Aspirin tablets 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or lown) 20c. T.ME OF INJURY 9ge of Month Day, Year (County) (State) fectory, street, office bldg., etc.] ECI. Wh la Not While -0 Md. et work et work 1% Bainbridge Harford Home prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion Accident X Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 5-2-60 Frank J. BROSCHART, M.D. NAME (Type) Address (Street, city, town, or county) 0380 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DE (State) REMOVAL (Specify) 0 <u>0</u> 4 0 Burial-Shipment Durham 23. FUMERAL DIRECTOR ADDRESS. 24e, REC'D BY REGISTRAR | 24b, REGISTRAR'S S.GNATURE VS. ATSME W.W.Chambers Co., 1400 Chapin St., NW, WashDC Circling S. House 5M 7/59



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5958

**CERTIFICATE OF DEATH** 

Reg. 05.586()

1. PLACE OF DEATH a. COUNTY	707-141-121-1		MARYLAND	2 USUAL RESIDENCE (W	here deceased	lived If institute	n Residen	ice before odm	issian)
Montgomer	<u>Tr</u> (If autside carparote timi	te maite	c. LENGTH OF STAY IN 16	Manyland	- 11	Montgo			
RURAL and give	nearest town)	(5, WE118)			outside corpor	ale limits, write Ri	JKAL and	give nearest tai	wn)
Pethesda	PITAL (If not in haspital, g		1 39 days	Potomac		~			
OR INSTITUTION	V Lir nar in naspirai, g	ive street	agaress)	d. STREET ADDRESS		/		e. IS R	ESIDENCE A FARM?
	cal Center,	Beth	esda 14. Md.	South Glen	Road			YES [	NO 🔀
3. NAME OF DECEASED	Fir		Middle	Last	4. DATE	Mon		Day	Year
(Type or print)	Kathle		Hollister	Beer	DEATH	May	7	31	19 60
5. SEX	6 COLOR OR RACE	7. MARR	NED NEVER MARRIED	8 DATE OF BIRTH		9 AGE (In years last birthday)		TYEAR IF UN	
Female	White	WIDOWI	ED DIVORCED	April 26, 1	953	7 yes.	Manths	Days Hour	3 Min
100. USUAL OCCUPAT	IION (Give kind af wark a orking life, even if retired	lane 10b.	KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (State	ar fareign co	untry)	12. CI1	IZEN OF WHA	AT COUNTRY
Student	brang me, even ir rented		None	Marvla	and			U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
Robert A.	Reer			Kathleen Co	ost.ella	1			
15 WAS DECEASED EN	VER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT The Med			ess		
NO (Yes. no. or unknown)	(If yes, give wor or dates of s	ervice]		he Clinical Co				Manzzla	nd
	EATH [Enter anly one co			He offiliteat of	enver	Demesua	1 149		
	EATH WAS CAUSED BY	use per ili	0 1 1	1				INTERVAL I	D DEATH
I OF	IMMEDIATE CAUSE (a	)	MESPINAT	ory Fail	ure			4-8	Norna
	DUE TO								
Canditions if		M	a : grant	TUMON - UL	NKNO	wn Pri)	MUNY	4 m	105
gove rise ta cause (o), stalin			V				/		
lying cause last	<u>i.</u> (c	)				_			
PART II. O	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR	T I(a) 19 WAS	AUTOPSY
Y.									ORMED?
E 200 ACCIDENT V	VAS UNDERLYING	206 DESC	CRIBE HOW INJURY OCCURE	RED (Enter nature of injury in	Part I or Part	II of item 18.)			
(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)								
\$ 200 TIME OF INJU	JRY Month, Day, Yes	20d. II	WURY OCCURRED   20e. I	PLACE OF INJURY (Home, form	n, 20f (City	or tawn)	10	County)	(Stole)
20c TIME OF INJU	10	While	Nat while	actory, street, office bldg., etc	E-)		,		, ,
	<del></del>			10	1	/0			
		decease	ed fram_AprilL_2	22 , 19.60 , ta_	May 31	1900	.,that I	last saw the	a decease
alive onM	ay_31	_, 120	$\mathcal{Q}_{-,-}$ and that deat	h occurred at 3:55					
ACTUAL	an	_	100	_		eet, cily or town,	stote)		DATE SIGNE
SIGNATURE	Charles	Σ.	· vvi enger		ical Co				1-60
PHYSICIAN'S	Charles E.	Mana	TOT N.D.	National	Instit	tutes of	Heal:	th	
NAME (Type)	Olicit FCD 45	Melle	gel, M.D.	Bethesda					
	ION, 226. DATE THEREO	F	22c NAME OF CEMETERY			ON (City, town, a	r county)	(Ste	ate)
Burial	6/2/60		St. Gabrie	1 Cemetery	Pote	omac, M	aryl	and	
23 FUNERAL DIRECTO			ADDRESS	24n REC	D BY REGISTR				
Robert	A. Pumphre	y :	Bethesda, M	aryland	UN 3 '8	30 a	other !	P. Krana	
				WALL -		_	The second second	, / Wand	

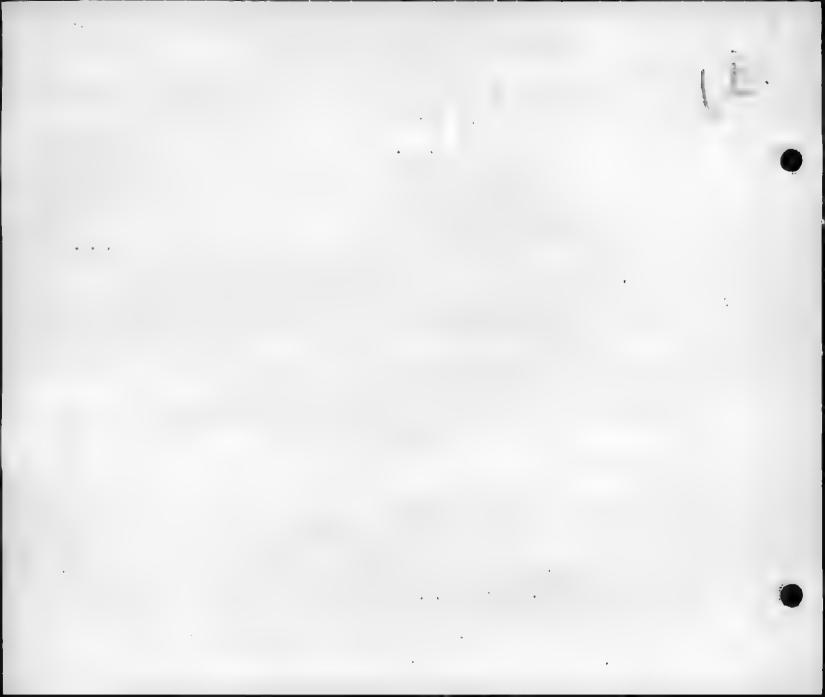
rs ofter death. Page 4

may be the haspitol or ottending physician.

O FUNER TO RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours often death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

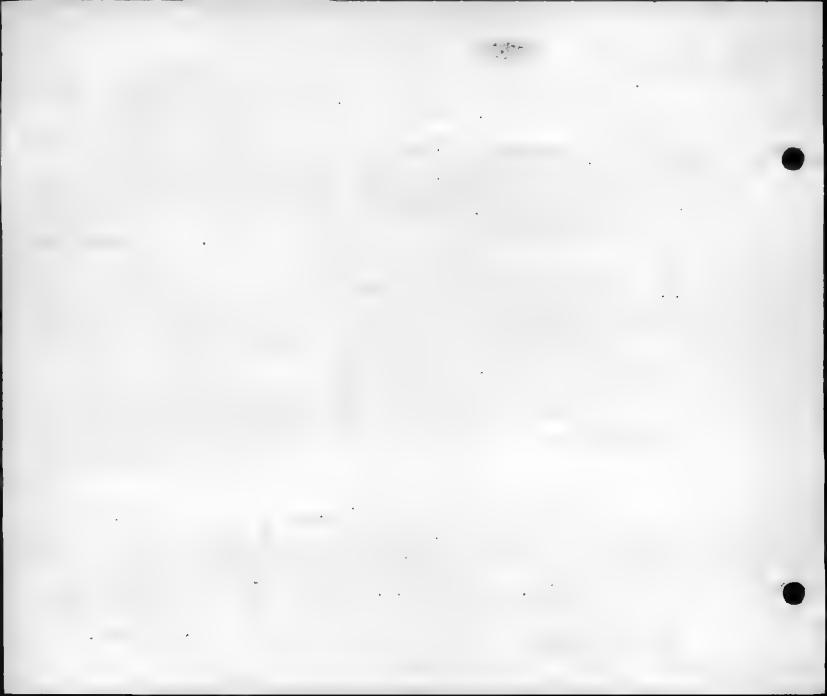
TO HOSP, may be TO FUNER VS A15 (4) 15M 10/57



VR A15 (4) 1SM 9/S9

	O FUIIERAL DIRECTOR: After this certificate has been signed	poge 3 shauld be detached far use as the buriol-transit per	the State Board of Health prior to burial, cremation, ar remo		
ċ	- 24	=	2		
2	61	13	ō		
3	)ei	5	c		
è	67	-	Ę.		
C.	P	·Ξ	20		
Ę	0	ã,	ē		
ō	B	0	Ü		
ě	4	1	ď		
ō	(i)	ő	5		
h	ŭ	92	ق		
ě	差	5	2		
ž	- L	ğ	9		
35.0	0	-	<u>P</u>		
ĕ	⋖	þ	£		
è	ä	20	÷		
-	0	ē	1		
ô	U	60	=		
D	8	ڡٞ	0		
č	0	P	H		
r	-	0	80		
r	8	U9	60		
may be me, ned by the haspital ar attending physician.	=	S	Ö		
٨	5	ge	S		
P.	-	0	he		
800	0	-	-		

						IN 1b  c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  d. STREET ADDRESS  d. STREET ADDRESS  e IS RESIDENCE OF A FARM? YES NO D  Last  4. DATE OF DEATH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost, birthdoy) When the property of the property							
		PLACE OF DEATH	+	/	MARYLAND	2. USUAL RESID	STATE 6. COUNTY 6						
	Ŀ	b. CITY OR TOWN	(If putside carporote limit	write c. LENO	GTH OF STAY IN 16	c. CITY OR TO	OWN (If outsid	7 e corparate limi	ts, write RURA	L ond give ne	arest town)	1	
		RURAL and give	nearest fown)	1	i date	19/20	71,00	" TE		100	1		
land.		OR INSTITUTION	ITAL (If nat in hospital, gi	ive street address)	711 001	d. STREET AL	DDRESS	E 11			ON A	FARM?	
use!		epsting 410			TVOSINIET	1 9 9 / /							
	1	NAME OF DECEASED (Type or print)	1777		Middle	15 B	111	OF DEATH	Rinis	. /	/ 1	96 -	
	S. S	SEX	6. COLOR OR RACE	7 MARRIED .	VEVER MARRIED	B. DATE OF BIRTH	í	9, AGE					
	1.	11.13/2	il his	WIDOWED 🔀	DIVORCED 🔲	1-35	-86	8		Olivina Odys	11001\$	761711	
	10a	USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	iane 10b. KIND Oi	F BUSINESS OR INDU	STRY 11 BIRTHPLA	ACE (State or fo	reign country)		12. CITIZEN O	F WHAT C	OUNTRY	
		17 care	4.2		Home	iter	i Jei	cocy		HILLE	RIC	11	
	13	FATHER'S NAME	· /	7	,	14 MOTHER'S	MATDEN NAME	/					
· ,		PACE P	34 // 6	1/ber7	<i>f</i> -	1 11 12	C 11 3.	, + , by	Lee.				
ľ		WAS DECEASED EV	FR IN J S. ARMED FOR	leaven!		FORMANT	H		Address	,			
١		/Y 3	No	101		01-6	200000	2 //	Kari,	<i>i</i>		· · · · ·	
			EATH [Enter only one context was CAUSED BY:	use per line for (o)	), (b), and (c).]	11. 17				ON	ISET AND	DEATH	
		110	MMEDIATE CAUSE (a)	Conge	17-10x X	782 mt 7	allurg	-			word		
		主人	DUE TO	n	0.1	I A RO					1415		
		Canditians, if	immediate		war ray i	~ salf-1c/	Pncy				100		
		couse (o), stotin		Cama	1	10.	1			5	· wy	(	
	Z O		THER S GNIFICANT CON	D TIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO	THETERMINAL	DISEASE COND	TION GIVEN	IN PART 1(o)	19 LWAS A		
1	ATIC	Can	0-	Paus	A Full	ti	101	it some	f .	, ,			
3	TIFIC	200 ACCIDENT V	VAS UNDERLYING D		OW INJURY OCCURRE	D. (Enter noture of	f injury in Port	or Port II of it	em 18 )				
	L CERTIFI	OR CONTRIBUTION OF LIFE EITHER, NOTIFIED	G CAUSE OF DEATH Y MEDICAL EXAMINER)										
	MEDICAL	20c TIME OF INJU	JRY Manth, Doy, Yea			ACE OF INJURY (Fictory, street, office		Of. (City or tow	n)	(County	)	(State	
	ME	р. ш	19	at wark 🔲 at			<u>.</u>						
		23 I certify th	nat (I) (this hospital	) attended the	deceased from	mby 17	1920_	. to May	,-/	, 196 IL, 1	hat (I) (s	we) las	
			ased alive on Am	M 30 18	and that a	leath occurred	1 at 3 6 3/M,	from the	auses and	on the dat			
		220 SIGNATURE		TIN	TE A A	ATTENDING	MED MED	STA	F _ M		226	SIGNE	
		22c PHYSICIAN S	mos ly	000	y weep m	PHYS 22d ADDRE	DIRECT	OR PHY	5	71,	1760		
		NAME (Type)		. WHITL	OCK, M.D.	7717	amille	the 1	acon	atkull	126	20	
	23a	BURIAL, CREMAT		0F 23c N	IAME OF CEMETERY C	R CREMATORY	23d	LOCATION (C	ity, town, or o	county)	(State	e)	
		Birial	May 3	1960 I		emetery		Laure	-	ryland	1.5		
	24	FUNERAL PHOSTO	MO SIGNATURE ELL	Al	DORESSELVERA		2So. REC D BY	REGISTRAR 60 160		AR'S SIGNATI		A FARM?  Year  Year  192  DER 24 HRS  Min.  COUNTRY  S AUTOPSY  (State  (We) lased abave  225.DATE  S'GNEI  L'  L'  L'  L'  L'  L'  L'  L'  L'  L	
	17	h /h. (h	ambles w	5801	Clevelono	leve	DATE MAY	00	Circh	or S. Tira	MB		



Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	M ontgome	ry	MARYLAND	2. USUAL RES	Mary 1		d lived. If Instit b. COUNT		ntg	ore odmi	ssion)
	b. CITY OR TOWN [15] and give negres! town] Clark		# RURAL	c. LENGTH OF STAY IN 16		rksbur		orale limits, write	RURAL and	give ne	orest to	wn)
		de Apartme	,	sital, give threat address)	d. STREET /	lside	Apart	ments			ON	A FARM?
	NAME OF DECEASED (Type or print)	Frederick	st	Arthur Bl.	lesi O <b>Wers</b>	4.	DATE OF DEATH	May 25		Doy		eor 9
	male	6. COLOR OR RACE white	WIDOWED		6/13	3/1918		9. AGE (in years lost byrigaday) yrs.	Months [	YEAR	Hours	ER 24 HRS Min.
100	during most of working	N (Give kind of work life, even if relired) 8 OPERATOR	done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPL	ACE (State or	foreign co	untry)		EN OF	WHAT	COUNTRY
	FATHER'S NAME				14. MOTHER'S							
	Unk	nown			Unk	cnown						
15	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. 5	OCIAL SECURITY NO. 17. II	NFORMANT			Address				
1	es, no, of unknown)	(If yes, give war or dates of		5-12-2061 K	athleen	Blower	rs (wi	ife)	Item	2		
		H [Enter only one cau	se per line f	or (a), (b), and (c). ]						INTERV	AL BETWE	EN
	PART I. DEATI	H WAS CAUSED BY	Hen	orrhage						OWSET	AND DEA	NTH .
	401	MMEDIATE CAUSE (a)				<del>-</del>		<del></del>		-	sudd	en
	Conditions, if an	V	Shot g	un wound thru	heart 8	k Great	vess	sels				
	gave rise to immedi	ate cause								-		<u> </u>
	(a), slating the u											
z		J (c)		NTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERM NA	AL DISEASE	CONDITION GI	VEN IN PART	3(0) 19	WAS	ALITOPSY
ATIO						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,0120110		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	PERFO	RMED?
FIC	20g. EXTERNAL CAUS	SE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED. (6	nter nature of in	iury in Part La	or Part II a	f item 18.1				
AL CERTIFICATION	CAUSE OF DEATH.		Shot	by 2nd party	at home	9						
MEDICAL	20c. TIME OF INJUR			NJURY OCCURRED 20e. PLA	CE OF INJURY (I ary, street, office	Home, farm, i bldg., etc.)			(Cour			(State)
ME	12:10mA	.M.5/25/60	at wor	k ol work	home	i	C.	larksbur	g M	lont	g. N	1d.
	21. 1 certify the	at I took charge	of the r	emains described aba	ve, held an	Autapsy	🔼, In:	spectian 🔲	, Inquiry		and i	find that
	death resulted	fram: Natural	causes [	], Accident []], Sui	cide 🔲, H	lamicide [	马 Un	determined	cause 🔲.			
	/	7	0									LONG LINE
	SIGNATURE 7	rough Jr	132	on hout	_M.D. CHIEF N	SEDICAL EXAM	AINER				DATE S	IGHED
	EXAMINER'S				ASSISTA	NT MEDICAL	EXAMINER					
L		rank J. Br	oschar	rt	DEPUTY	MEDICAL EXA	AMINER T		5/25/	60		
220	BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREC	)F	22c. NAME OF CEMETERY OR	CREMATORY	22	2d LOCATI	ON (City, tawn,	or county)		(State	<del>)</del> )
	r-Transi	t 5/27/60	)	Greenwood			Dunn	, N. C	aroli	na		
	FUNERAL DIRECTOR'S		ו די	ADDRESS Montromony	1770	24a. REC'D B		- 4	STRAR'S SIG			
1	yson Whe		l 또. 257세기기	Montgomery I	ive.	DATE MA	Y 27'	60	Critica 1	, /144		

VS. A35ME(5) 5M 9/55

or removol.



VS A15 (4) 15M 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05863

6900	CEKTIFICA	TE OF DEATH		Reg. Dist.	No.
PLACE OF DEATH  o. COUNTY  O D D + G D > M	ery maryland	2. USUAL RESIDENCE (Who STATE	/ - b	COUNTY	
1110114 7000	- / Jimakrente	Maryla			gomery
RURAL and give rearest town)	LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	1 1 -		
Bethesda	10.201121116		XXXXXXXX	ensingtor	
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION.	6 ( 1/2 / 1/2 /	d STREET ADDRESS 3506 Saul	Road		e is residence on a farm? yes ☐ no ☑
NAME OF DECEASED (Type or print) Katherine	Middle	Bo II	4. DATE OF DEATH	Month	Day Year 15 1966
SEX 7 6 COLOR OR RACE 7. MARRIEI WIDOWED		DATE OF BIRTH	86 9. AGE last b	(In years IF UNDER 1 Y irthday) Months Do	EAR IF UNDER 24 HRS
o JSUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)  Housewife	ND OF BUSINESS OR INDUS	and the second s	Ontario	_	NOF WHAT COUNTRY?
FATHER'S NAME andrew Galbrai	th.	14. MOTHER'S MAIDEN N		cRas.	<u> </u>
WAS DECEASED EVER IN U SARMED FORCES? 16 SC	DCIAL SECURITY NO IN	IFORMANT		Address	
	one Mr	s. Robert M	cCormic!	k-Daughter	r-2d
18 CAUSE OF DEATH [Enter only one couse per line					INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	ocardial info	retion, recen	tipostiw	all ( Usnt	ONSET AND DEATH
DUE TO		, ,	1		4
Canditions, if any, which (b) (b)	ombosis, VII	ght covonar	yatry		f +
cause (a), stating the under-	vaselevasis o	Scrangen at			4 n Known
PART I OTHER SIGNIFICANT CONDITIONS CO			NAL DISEASE COND	TION GIVEN IN PART I	
20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	. (Enter noture of injury in f	ort I or Port II of ite	em 1B)	
20c TIME OF INJURY Month, Day, Year 20d. INJURY o. m. P. m. 19 al wark [	Not while fact	CE OF INJURY (Home farm lary, street, office bldg., etc.		) (Cou	(Stote)
21. I certify that I attended the deceased	from May 9	1960, to P	an 15	196 Chat I last	saw the deceased
alive an Mary 15	Q , and that death	occurred at $3A$ .		uses and an the d	
ACTUAL SIGNATURE SIGNATURE	igi .	10511	ADDRESS (Street, city	umit	tre,
PHYSICIAN'S GEORGE Sh	arpe	tens	ing to	w Md,	5/1870
REMOVAL (Specify)	22c. NAME OF CEMETERY OR	_	226 LOCATION (CI		(State)
Cremation 5/19/60	Cedar Hill ADDRESS	Crematory 240. REC'U		24b. REGISTRAR'S SIGN	ATURE
Robert A. Pumphrey Be	thesda, Mar	yland DATEMAY	1 8 '60	Outhur S. He	April 1



Page after death 22 0 ouo pa death. Pages after cample papers pup pgu ű .⊑ certificate physicion remave event. O eose attendin The law requires that the death Vno Vno 췹 the þ permit. DADE paub physician. been si burial-transit ö crematian, has attending the After this į detached DIRECTOR:

FUNERAL page 3 the State 0 VR A1S (4) 15M 9/59

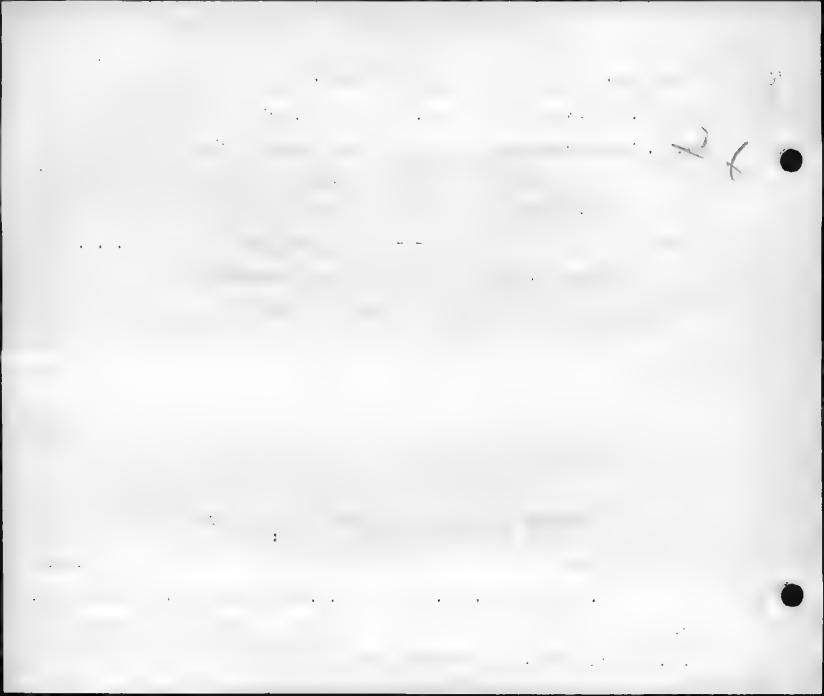
ě

shauld

m

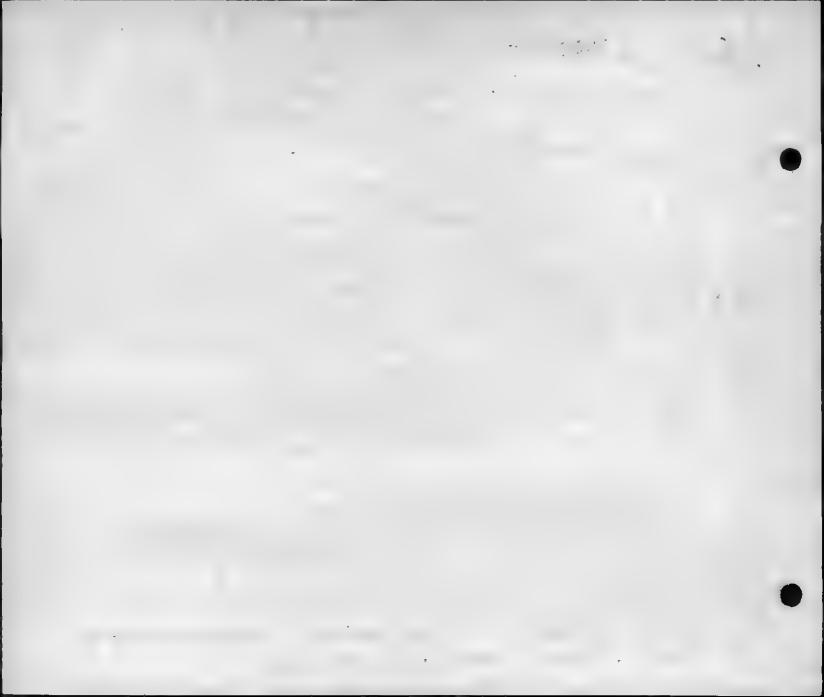
Board

\*ps 6/60



FOR OTITE			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARTLAND	•
TUR STATE			5943 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5
HEALTH(D)			PLACE OF DEATH  14 Fi.m (26)  12. USUAL RESIDENCE (Where daceased lived, If institution: Residence before	a dmission
≥8 , €	V		B. COUNTY MONTHS B. COUNTY MONTES	
Pa Pa Pa Pa Pa		-		,
Por tor			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest low) write AURAL and give nearest low)	wnj
D d d	1		Mockvelle 10 gr Nockvelle	
A logical				RESIDENCE LA FARM?
Ped a	M	,	Belly mill Rd YES	NO Z
Stat air fur			NAME OF Pirst Middle Last 4. DATE Month Day Yes	pt = 2
the the			OF (Type or pant) Modern Mark (A) 10	60
年 0 8 年		5	SEX 6. COOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN year IF UNDER 1 YEAR IF UNDER	
da da da da da da da da da da da da da d		_	( Months Davs Hours	Min.
er and		/	fewerly with WIDOWED DIVORCED 12-4-22 37 yrs.	
aff and and 2.72		dor	USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	COUNTRY
Page 1			homente Canada M.S.a	
Page 13.		13.	FATHER'S MAME	
22 Ve	_	-	Was marked the unknown	
通河 自治 人	_ ]	\ <del>5</del> .	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	_
没有点事(b)		(Yas	es, no, or unkown] (Il yesgive war ordates of sarvica)	
Per le		Ζ,	18. CAUSE OF DEATH [Enter only one cause per line for , &! (b), and (c) ] ( ) As I Suchaman - Husland - Dien 2	CTANFER
Si Ti			DADT I DEATH WAS CAUSED BY.	DEATH
			immediate cause (a) Ethel alcohol & Barbituate poisoning Found	deag
a la			in b	ed
olari i i i i i i i i i i i i i i i i i i	- 1		Conditions, if any, which (b)	
Share The			gava rise to immediata cause	
ate ndir ner as			(a), stating the underlying DUE TO	
per ami ami sec	~	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II'A. 19. WAS	ÂUTOPSY
Ex Con	-3	CATION	PERFO	ORMED?
Fish Call		5	0.20% ethel alcohol and 0.55 m.% Barbituate found in blood  206. EXTERNAL CAUSE WAS  206. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of I feet 18.)	MD []
he he		CERTIFI	ZUB. EXTERNAL CAUSE WAS  ZUB. DESCRIBE HOW INJURY O'CCORED, (Finer nature of injury in Part 1 or Part II or Pa	
3 2 2 2				
利油 a a a		ICAL		(State)
Page of the	/30	WED	Hour a.m. While Not While at work Home Mont.	
at a siciliar			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my c	opinion
Hall by the state of the state	- 1		death resulted from: Natural causes , Accident K, Suicide , Homicide , Undetermined manner	
Die en en			CHIEF MEDICAL EXAMINER	
D S S S S S S S S S S S S S S S S S S S	-			
To To at	- [		SIGNATURE THE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIG	GNED
S S S S S S S S S S S S S S S S S S S	2		EXAMINER'S 5-10-60	
NE Seb			NAME (Type) FAINK J. 13hoschent Address (Street, city, town, or county)	
DE: ease esse should		22a.	a. BURIAE, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Sta	ite)
0 5 4 0 9		E	Burial 5/12/60 Arlington National Arlington Virginia  Appress   248. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE	
H H			3. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR'S SIGNATURE	
VS. A15ME 5M 7/59		Ro	obert A. Pumphrey Bethesda, Maryland DATE MAY 12'60 and & thous	
	ļ		TOAT MAY I & OU I CINEMY & THATMA	

tems 18821 Film 269 MARYLAND STATE DEPARTMENT OF HEALTH



05866

CERTIFICATE OF DEATH 5962 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived iff institution. Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Montgomery Montgomerv Marvland CITY OR TOWN (If outside corporate simits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda 9306 Parkhill Terrace Bethesda d NAME OF HOSP TAL (If nat in haspitat, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Suburban Hospital 9306 YES NOT Parkhil NAME OF DATE Middle Last DECEASED Bullion DEATH (Type or print) Margaret 6 19 60 Mav 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Haurs Female White 84 WIDOWED [ yrs. 10a USLA, OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? HOUSEWITE even if retired) Ohio US 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Harmon Wolfe Anna Lammers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No Mrs. Katherine Keller-Daughter-same None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) **DUE TO** Conditions, if any, which MECCITUS + HYPERTENSION (b) gave rise to immediate DUE TO cause (a), stating the under-TERIOSCLERUSIS YR. ying cause lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? FICATION YES A NO CARCINOMA 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18 ) 20c TIME OF NURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f (City ar tawn) (County) (State) Hour a.m factory, street, affice bldg , etc.) Wh.le Not white at wark at wark p. m. man 21 I certify that (I) (this hospital) attended the deceased fram.\_ 1960, that (1) (we) ast , and that death accurred of 27 M, from the causes and on the date stated above 1960 saw the deceased alive an 22o 5 GNATURE 225 DATE SIGNED ATTENDING PHYS MED DIRECTOR 22c PHYSICIAN'S NAME (Type) Donovan ,00 23a. BURIAL, CREMATION | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Park! Rockville. Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR Bethesda. arthur S. Hours Robert A. Bumphrey Maryland

director, ed 4 funeral þe TO by 12 Pages ā papers puo pan Car . = physician remaye Yent attending anyey please Ξ á perm gned burial-transit been cremation has affending certificate Affer par DIRECTOR ned shauld FUNERAL co bage o VR A15 (4)

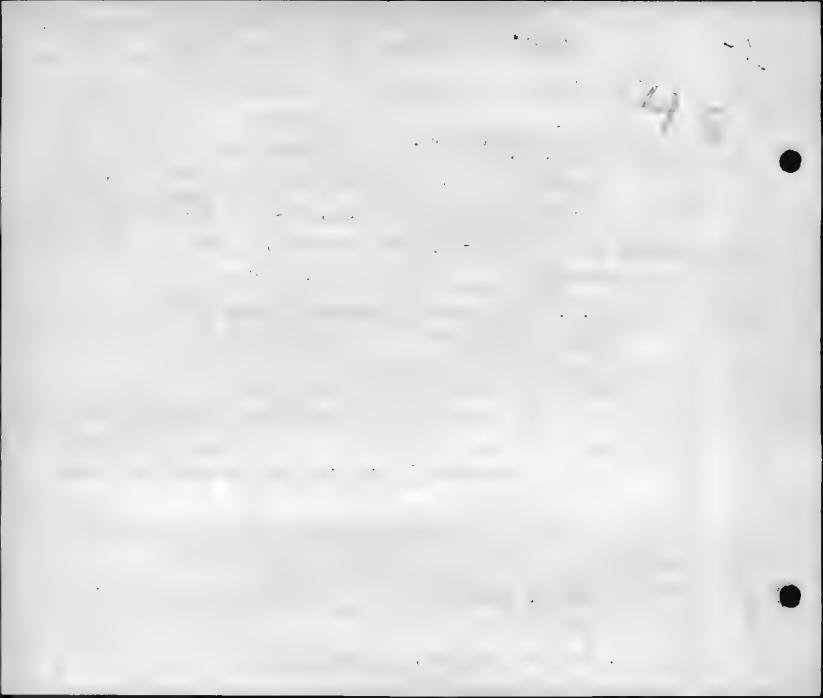
15M 9/59

that the death certificate



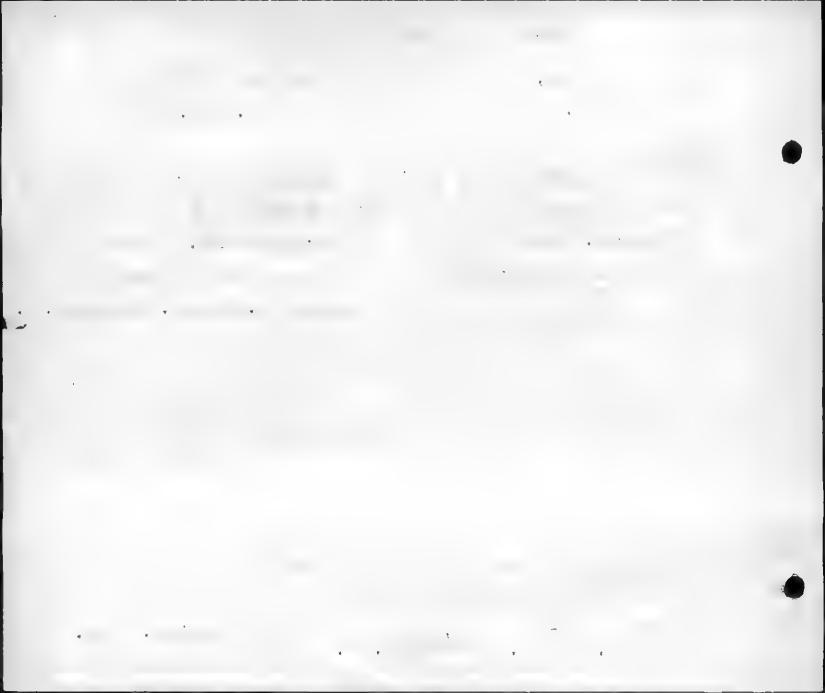
ESTON STREET. BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE SOCMEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institut on Residence before admission) e. COUNTY Page e. STATE b. COUNTY necessary, Montgomery Montgomery MARYLAND Marvland b CITY OR TOWN (if outs de corporete limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporele I mits, write RURAL end a ve neerest town) director. Your POTOMAC POTOMAC ह Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a d STREET ADDRESS e. IS RESIDENCE Yards off MacArthur Blvd. ON A FARM? 3 to the funeral 4900 Battery Lane retained he State B YES NO X Falls Road. Midd.a DATE Month DECEASED the Mav 60 (Type or print) BURLINGAME DEATH Harry 19 With 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF 8 RTH 1910 9. AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX may 2 wiff age 5 may 1 and 2 will 72 hours lest birthdey) and Hours Male WIDOWED -DIVORCED July 9, 1914 124 hours affer of ive Pages 1, 2, an 10s. USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gin country) Page 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Self-employed Riverdale, Maryland in Item 18, Give Pages pages 1 within Attorney P.M.3. 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Harry Burlingame Sue C. Lamson File form This certificate should be executed within JS. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) Office along with burial-transit permi Estelle Burlingame-Same Item #2 Unknown 18. CAUSE OF DEATH [Enter on.y one cause per I ne for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Carbon Monoxide Poisoning PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) in pencil Office DUE TO (6) gave rise to immediate cause the word "pending Medical Examiner's DUE TO (a), steting the underlying couse lest. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? emal NO M pino 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 6 PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. Found dead in auto with hose attached Chief / sage 3 sage 10 buris 20d NIJRY OCCURRED 20e, PLACE OF INJURY (Home, ferm, † 20f, (City or town) 20c. TIME OF INJURY (County) Month, Day, Year (State) fectory, street, office bldg., etc.) While Not While Hour a.m. forwarded to the L DIRECTOR: Pa et work et work prior should be forwarded to the FUNERAL DIRECTOR: Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy | ]. Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide 121 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER & Mav 1960 EXAMINER'S FRANK J. BROSCHART NAME (Type) Address (Street, city, town, or county) 226, BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY DE 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 5/9/1960 Cedar Hill Suitland O Cremation Maryland 40 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME MAY 1 0 '60 Robert A. Pumphrey Bethesda, Maryland Trolling & Kroug 5M 7/59 \\ DATE

MARYLAND STATE DEPARTMENT OF HEALTH



VS A15 (4) 1SM 9/S8

	MARYLAND	STATE DEPARTM CERTIFICA	ENT OF HEALTH—BALTIMO  ATE OF DEATH	ORE, 18 (15868  Reg. Dist. No.
}	PLACE OF DEATH o. COUNTY  Montg.	MARYLAND	2 USUAL RESIDENCE (Where deceased I ved o. STATE b.	If institution Residence before indmission) COUNTY Ments.
	b. CTY OR TOWN (If outside corporate timits, write RURAL and give nearest town)  Germantewn. Rural	c. LENGTH OF STAY IN 16	c C TY OR TOWN (If outs de corporote limit	ls, write RURAL and give nearest town)
İ	d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		/d. STREET ADDRESS  R F D #1	o. IS RESIDENCE ON A FARM? YES NO T
	3. NAME OF First DECEASED (Type or print) Gideon	Middle Leuis	Last 4. DATE OF	Month Day Year  A 19 60
	5 SEX 6 COLOR OR RACE 7. MARRIE WIDOWE	The state of the s		(In years IF UNDER I YEAR IF UNDER 24 HRS withday) Months Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).  Resturant. (Owner)  13. FATHER'S NAME	IND OF BUSINESS OR INDU	Trederick Co Md  14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
1	Thad dues Tyson Busse		Ann Preseill	Murphy Address
	(Yes, no. or unknown) (If yes, give war or dates of service)	ocine second, 100	Margarett M. Buss	
	200 ACCIDENT WAS UNDERLYING 20b DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. p. m.  21. I certify that I attended the decease alive an May 4 19 5  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  20b DESC 20c DEATH While of work  27. I certify that I attended the decease alive an May 4 19 5	JURY OCCURRED    Other work   O	NOT RELATED TO THE TERMINAL DISEASE CONDING ACE OF INJURY (Home, form, 20f (C'ty or town story, street, office bldg., etc.)  7 19 to accurred at // 12 2/M, from the coaccurred	(County) (State)  (County) (State)  (State)
	220 BURIAL, CREMATION, 22b. DATE THEREOF 5-7-60	22c. NAME OF CEMETERY O		
		St, Marys ithersburg.		246 REGISTRAR'S SIGNATURE  CARLING S. Kraus



TO HOSPI

VS A15 (4) 1SM 9/SB

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05869

7 8 8 11	5880	CERTIFICATE OF DEAT
----------	------	---------------------

Reg. Dist. No.

$\vdash$		VOIH									
1.	PLACE OF DEATH Montgo	mery	MAR	YLAND	2 USUAL RESII o. STATE	DENCE (Wh	ere deceased	lived. If institution b. COUNTY	on: Residence	before odmi	ission)
	b. CITY OR TOWN (If outside co	orporote limits, write	c. LENGTH OF STAT	(IN 1b	c. CITY OR T	OWN (If or	utside corpore	ate limits, write R	URAL and gi	ve nearest to	wn)
	RURAL and give nearest town Silver Sp	ring	10 Wks			Wa	shingt	on, D. C	}.	4	7X:
	d. NAME OF HOSPITAL (If not in or institution T.e. Deau Gard	n haspital, give stre dens Nur	et address) sing Home	1.	d. STREET A		-St.,	SE		ON	A FARM?
3.	NAME OF	First	Middie		las	1	4. DATE	Mon	th	Day	Year.
	OECEASED (Type or print) Lill:	ian M	I	But	ler		OF DEATH	May		3	1960
5.	SEX 6. COLO	R OR RACE 7. MA	RRIED NEVER MARR		B DATE OF BIRTI		9	AGE (In years last birthday)		YEAR IF UNI	
L	2 0 1 1 1 1 1 1 1	casiampo			205	1869		90 yrs.			
10	<ul> <li>USUAL OCCUPATION (Give kind during most of warking life, ev</li> </ul>	ind of work done 10 en if retired)	b. KIND OF BUSINESS (	OR INDU	STRY 11. BIRTHPL	ACE (State of	or foreign cou	intry)	12 CITIZI	EN OF WHAT	COUNTRY?
L	Retired		US Govt.	•			ton DO		1	USA	
13.	FATHER'S NAME				14. MOTHER'S						
L	Unknown	1			1	Unk	nown				
IS.	WAS DECEASED EVER IN U. S. is, no, or unknown)   If yes, give w	ARMED FORCES? 1	6. SOCIAL SECURITY NO		n E. Lir	iden J	Tr.	4550Ma Washingt	cArth	ur Blv	d NW
	18 CAUSE OF DEATH [Enter	only one cause per	line for (o), (b), and (c)	.]						INTERVAL I	
	PART I. DEATH WAS C	AUSED BY:	Congestive	Не	art Fai	lure				ONET W	BOFATS
	7 74.3	DUE TO									
	Conditions, if any, which	(b)	Chronic d	lebi	litatic	n				6 m	onths
	gave rise to immediate cause (o), stating the under-	DUE TO									
	lying couse last.	(c)									
NO.	PART II. OTHER SIGNIF	ICANT CONDITION	S CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19 WAS	AUTOPSY ORMED?
CAT			P								NO E
CERTIFICATION	20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING   (IF EITHER, NOTIFY MEDICAL E	YING [] 20b. DI OF DEATH EXAMINER)	ESCRIBE HOW INJURY (	OCCURRE	D. (Enter nature o	finjury in P	Port I or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Hour a.m.	. Whi	INJURY OCCURRED  le Nat while ork of work		ACE OF INJURY ( stary, street, affice			or tawn)	(Co	ounty)	(Stote)
-	21. I certify that I atte		D.	bru	ary 19 60	to M	ay 3	, 150	that I less	tow the	docontra
	alive an May 2		350 Hank		accurred a		AA frama A	,	al am Alam	dete stet	oeceuseu
	dive di		, did ind	i deam	accorred de			ne causes an eet, city ar town,			ATE SIGNED
	ACTUAL Kale	wh I	distal		1060			Stree		ay 3,	1960
	PHYSICIAN'S Rober	t T. Th	Lbadeau, N	1. D.	Kens	ingt	ono M	aryland	i E		
22	BURIAL, CREMATION, 226. D	ATE THEREOF	22c. NAME OF CEM	LETERY O	R CREMATORY		22d. LOCATI	ON (City, town,	or county)	(51	ate}
	REMOVAL (Specify) Burial Me	y 5, 1960	Cedar	Hill			Sui	tland	Md		
23	FUNERAL DIRECTOR'S SIGNATU	JRE 1661	ADDRESS B	3 0 2		24a. REC'I	D BY REGISTR	AR 24b REGI	STRAR'S SIGI	NATURE	
K	emmeno 15000.	Washing	ood Hope Ro	T OR		DAMAY	5 '60	ant	un S. Ku	acce	



directar,

funeral

U

20

E

filled

etely

Ū

certificate

carban

remove physic

edse -ig

ā

E

0

attend

ģ

signed

8

FUNERAL DIRECTOR:

0

VS A15 (4)

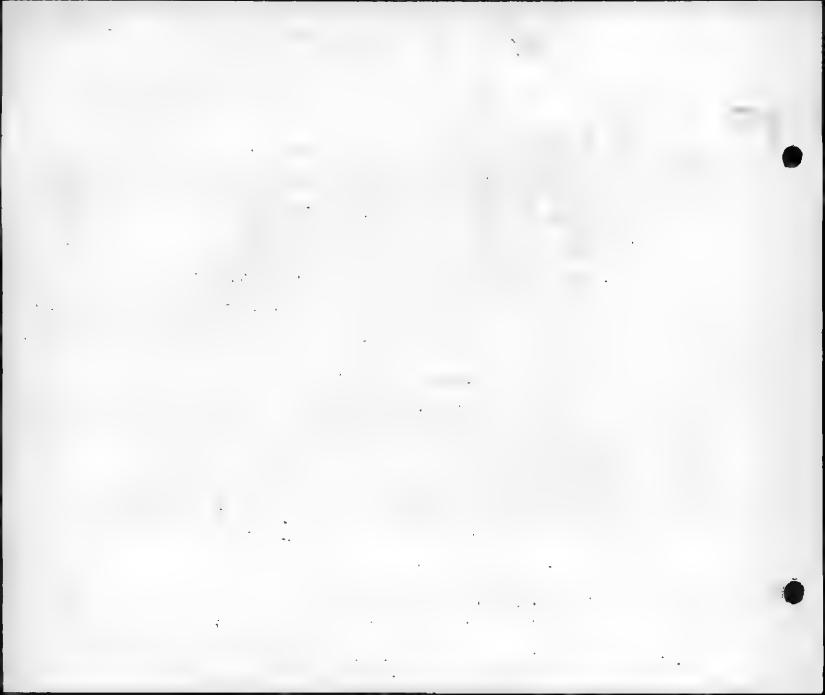
15M 9/58

3 should

ined in

burial-transit

70



TO HOSP

VS A1S (4) 1SM 9/S8

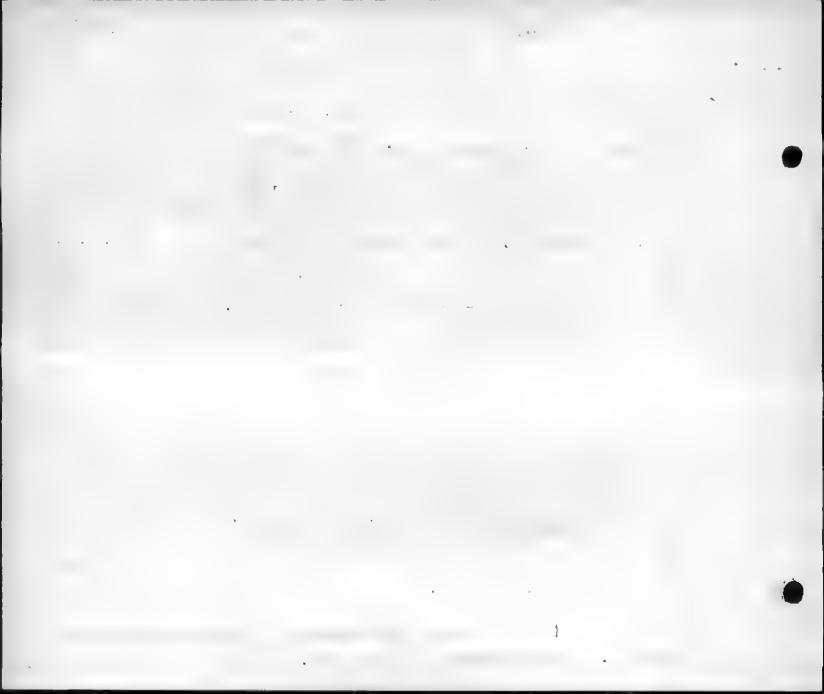
31	X4.
ge ctar	, s <sub>a</sub> s

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5966 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

05871 Pen Dist No

~						Kog. Dist	. 1491			
	1. PLACE OF DEATH o. COUNTY Mon'	tgomery	MARYLAND	2 USUAL RESIDENCE (WE STATE Maryla		ounty Balti	/			
	b CITY OR TOWN (I RURAL and give no	f outside corporate fimils, write	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If o	autside corporate limits,	write RURAL and gr	ve nearest tawn)			
	Bethesda	orest town)	12 days	Baltimore 2	9.		C2, 3			
	d NAME OF HOSPIT	'AL (If not in haspital, give stree		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?			
		cal Center, Bet	hesda lh. Md.	4309 Kensin	gton Road		YES NO TO			
	3 NAME OF	First	Middle	Last	4. DATE	Month	Day Year			
	(Type or print)	John	Earl	Castle	OF DEATH	Mav	10, 1960			
	S SEX	6 COLOR OR RACE 7. MAR	RRIED TO NEVER MARRIED	8. DATE OF BIRTH	905 9 AGE (I	years IFUNDER 1	YEAR IF UNDER 24 HRS			
	Male	White WIDOW	VED DIVORCED		JXSKOX XISKS	honths 5	Days Hours Min			
	10a. USUAL OCCUPATIO	ON (Give kind of work done 10b	KIND OF BUSINESS OR INDU				EN OF WHAT COUNTRY?			
		n - pipe fit.	las & Electric	Co: Pennsyl	vania	Ţ	J. S. A.			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N		1				
1	Joseph Cas	stle		Mary I. Ki	ssuel					
ľ	15) WAS DECEASED EVE		SOCIAL SECURITY NO.	INFORMANT The Med		Address				
	No	In yes, give wor or cone or service)	215-10-9813 T	he Clinical C	enter. Beth	nesda 14.	Marvland			
_	18. CAUSE OF DEA	ATH [Enter only one couse per l					INTERVAL BETWEEN			
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Intracranial E	leeding			24 hours			
	- CO	DUE TO								
	Conditions, if or	ny, which ) (b)	Reticulum Cell	Sarcoma			l year			
	gave rise to it	mmediate (								
	couse (a), stating lying cause lost.	(c)								
	Z PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE CONDITI	ON GIVEN IN PART	1(a) 19 WAS AUTOPSY			
	12						PERFORMED?			
	PART II. OTH  PART II. OTH  OR CONTR BUTING  (IF E THER, NOTIFY	S UNDERLYING (1) 206. DE	SCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Part or Part II of item	18.]				
		MEDICAL EXAMINER)								
			(-	ACE OF INJURY (Home, farm	20f (City or town)	(Cc	sunty) (Stole)			
	Hour a.m.	19 While	e Not while to	ctory, street, office bldg., etc	1					
	21. I certify th	21. I certify that I attended the deceased from April 28, 1960, to May 10, 1960that I last saw the deceased								
	alive on May		60, and that death							
			The state of the s		ADDRESS (Street, city of		DATE SIGNED			
	ACTUAL SIGNATURE	Lawrence a	Haydow)	M.D. The Clini	cal Center		5-10-60			
		· - · · · · · · · · · · · · · · · · · ·	///		Institutes					
	PHYSICIAN'S I NAME (Type)	AWRENCE A. GAY	DOS, M.D.		14, Marylan					
	220 BURIAL, CREMATIO		22c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCATION (City,	, town, or county)	(State)			
	REMOVA. (Specify) Burial	5/14/60	Loudon Par	k Cemetery	Baltim/	ore. Mar	brelv			
	23. FUNERAL D RECTOR	S SIGNATURE	ADDRESS4107		D 8Y REGISTRAR 24	6 REGISTRAR'S SIG	MATURE			
	Howard H	. Hubbard Ru		ens Avenate	MAY 1 3 160	anthur	S. Kraus			



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05872

	0003	k	CERT	IFICA	IE OF L	) CALL	•				
PLACE OF DEATH O. COUNTY MONT	GOME RY		MA	RYLAND	2. USUAL RE o. STATE		here decease YLAND	d fived If institute  b COUNTY		before odm	
B CITY OR TOWN (IF RURAL and give near KENSING	outside corporate limits, rest town)	, write	c LENGTH OF STA	AY IN 16	c. CITY O		outside corpo VER SPI	orate limits, write R RING	URAL ond give	s rearest to	wn)
d NAME OF HOSPITA OR INSTITUT ON K	l (If not in hospital, giv Lensington	Gard	ens Rest	Home	d STREET 12,8		ack St	reet		ON	ESIDENCE A FARM?
3 NAME OF DECEASED (Type or print)	First RUSSELL		Midd K.	dle	CAULE	.ast	4. DATE OF DEATH	Mor MAY		Day 24	Yeor 1960
S. SEX MALE	¥ #3 * 1" (T***)	7. MARR	IED NEVER MAI	RRIED	10/9/			9. AGE (In years last 5 rthday) 84 yrs	Months De	YEAR IF UN	
JUSUAL OCCUPAT ON MINISTER RE	(Give kind of work do to life, even if retired) LIFEQ	one 10b.	KIND OF BUSINESS	OR INDUS		PLACE (Ston	e or foreign c	ountry)	12. CITIZE	U.S.A	
13 FATHER'S NAME					14 MOTHER	-					
WILLIAM B.						RY E.	KIRBY				
15. WAS DECEASED EVER IYes, no. or unknown) [IF	IN U. S. ARMED FORCI yes, give wor or dates of serv		SOCIAL SECURITY NONE			O. Ca	ulk, 1	Add .2,800 F1.			
Conditions, if any gove rise to im couse (o), storing the lying couse lost.	mediate ( DUS TO	IT ONS C	ONTR BUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	MINAL DISEAS	SE CONDITION GIV	/EN IN PART I	PER	FORMED?
PART II. OTHE	CAUSE OF DEATH	00b DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter noture	of injury in	Port Lar Par	rt II of item IB }		765 [	□ NO
Y 20c. TIME OF INJURY Hour o m. p. m.	Month, Day, Year 19	While	NJURY OCCURRED Not white of work		ACE OF INJURY			y or town)	(Cod	uniy)	(Stote
saw the decease	(I) (this haspital) d alive an	attend						5-Z 7			
220 SIGNATURE	marie 1	Pen	4		M.D. ATTEND	23 [	MED.	STAFF PHYS.	5-	24-6	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Morris	Per	ry	m' .	22d. ADI	02 G	-corgi	a Ave	Silvers	Pring	Ma
230 BUR AL, CREMATION TRANS & BU	236 DATE THEREOF		236 NAME OF CI SPRING			ERY	23d 46CA MEDI			,-	itote)
24 FUNERA, DIRECTOR'S	SIGNATURE DE LA COMPANION DE L	N.C.	SIIVER	SPRIN	NG, MD.	25g. REG	MAY 27		STRAR'S SIGN	A .	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPI

VR A1S (4) 1SM 9/59

Laymond W.

after death. Page

=4

VS A1S (4) 15M 10/57

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

is ofter death

(F	1	
(1		
	Section 200	

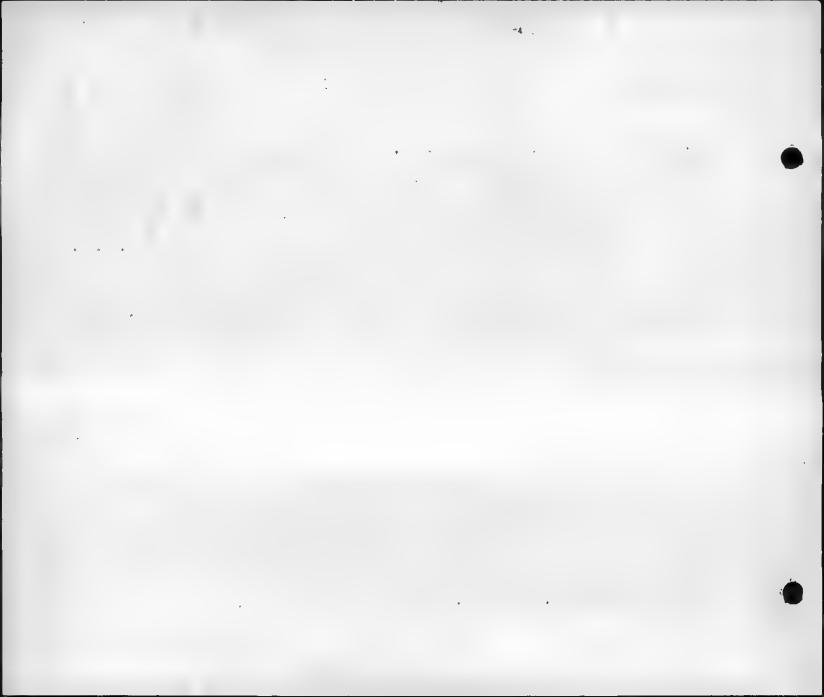
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5967

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

05873

1.	PLACE OF DEATH b. COUNTY Montgomery			MAR	YLAND	9	JSUAL RESIDENCE (WI S. STATE Florida	here decease	d lived If instituti b. COUNTY		ce befare	odm:ssion	1
-	b. C-TY OR TOWN (IF RURAL and give ne		ts, write	c. LENGTH OF STA	Y IN 1b		CITY OR TOWN (IF	outside corp	orate limits, write R	URAL and	give near	est fown)	
	Bethesda	arest town,		lili days			Fort Pierc	9			Ly V	* %.	
	d NAME OF HOSPITA	AL (If not in hospital, g	live street o	address)			d. STREET ADDRESS				е	IS RESIDE	NCE
L	The Clinic	al Center.	Beth	esda 14.	Md.		1817 South	31st	Street			YES N	
-	NAME OF DECEASED	Fire		Middl	e		Lost	4. DATE	Mar	ath	Day	Yea	Г
	(Type or print)	Ash	ton	Vai	n		Charles	OF DEATH	Ma.	y	25	19	60
S.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	(IED)	8. DA	TE OF BIRTH		9 AGE (In years lost birthday)			F UNDER 2	
	Male	White	WIDOWE	DIVORC	ED 🔲	J	anuary 23,	1956	Li yrs.	Months	Days	Hours	Min
10	b. USUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU	STRY	11. BIRTHPLACE (State	ar fareign a	country)	12 CIT	IZEN OF	WHAT CO	DUNTRY?
	Child	mg me, even in remed	·	None			Ohio			U	. S.	A.	
13.	FATHER'S NAME					14	MOTHER'S MAIDEN	AME					
	Ashton Char	rles					Mildred L	ewis					
15	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	0. 17. 1	NFOR	MANT The Me	dical	Record Add	ress			
,	No	o yes, give wor or cores or s		None			Clinical C				Marr	vland	
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	e for (c), (b), and (c							INTER	VAL BETW	
	PART I DEAT	TH WAS CAUSED BY:	Mass	sive gastr	coint	est	inal hemor	rhage			ONSE	T AND DE	HTA
	20/1	DUE TO	-				2001102	<u> </u>					
	Conditions, if an		A	te lymphat	de l	e11]	temi a						
	gave rise to in	nmediale (	-	oo a, jin pilot	, <u>, , , , , , , , , , , , , , , , , , </u>	.00.	101,121,00			***	-		
	lying cause last.	he under-											
Z	PART II. OTH			ONTRIBUTING TO D	EATH BUT	NOT	RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	/EN IN PAR	T 1101 19.	WAS AUT	OPSY
X	Aspergi											PERFORM YES KIN	ED?
CERTIFICATION	20e ACCIDENT WAS	S LINDERLYING ET	206. DE50	RIBE HOW INJURY	OCCURRE	D (En	ter nature of injury in	Part I or Pai	rt (I af ilem 18.)		,,	(25	
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye		UURY OCCURRED	20e. PL	ACE C	F INJURY (Home, form street, office bldg., etc	20f (Cit	y ar tawn)	(0	County)		(State)
MEC	p, m,	19	While at work	Not while			arrow, orrice brug., ere	"/					
	21. I certify the	at I attended the	decease	ed from Apr	il 1		, 19 <u>60</u> , ta M	ay 25	1960	thet I	last sav	v the de	ceased
	alive an May		, 19_6				urred at 11:30						
	l ,	0	_	10.0	0				itreet, city or lawn,				SIGNED
	ACTUAL SIGNATURE	nanto	2.	11/ 000	M	M.D.	The Clinic	cal Ce	enter			5/26	/60
							National :	Instit	utes of	Healt	h		
	PHYSICIAN'S OF	ARLES E. N	PINGE	L, H. D.			Bethesda.	U. Ma	ryland				
220	P. BURIAL, CREMAT ON	1. 226. DATE THEREC	F// ,	22c. NAME OF CEA	AETERY O	R CRE			TION (City, Jown,	or county)		(Store)	
	Diffih	17/27/	6.6					Sic	67HS	HOL	FL	K	/,
23.	FUNERAL DIRECTOR'S	SIGNATURE	A	ADDRESS	11	34	Da 1.04 340. REC	D BY REGIS	100	STRAR'S SIC		7	
1/2	Vill hel	inters le	drie	1436 1	3/ce	w	Z A DATE	MAY 31	1 '60	Cirthur	A. The	und	
				Ai is	20th	2 4	poe-						



ast

NED

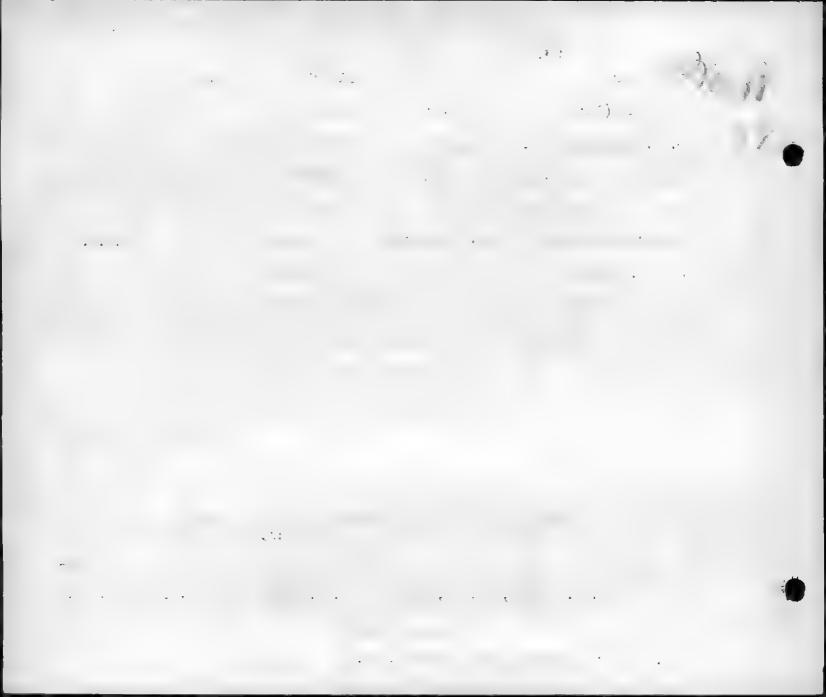
the attending physician and campletely filted in by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filed with 72 haurs after death may be retained by the haspital ar attending physician.

TO FUNERAL BIRECTOR: After this certificate has been signed by the attending physicia page 3 shaula be detached for use as the burial-transit permit. Then please remarks the State Board of Health prior to burial, crematian, ar remaval, and in any event, with

#

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPI VR A15 (4) 15M 9/59

		000	0	<b>J</b>							
1	PLACE OF DEATH COUNTY Montgomer	У		MARYLA	11	District of				nce before a	idmission)
	RUPAL and give no	f outs'de corporate limi	ts, write	c. LENGTH OF STAY IN	l lb	c. CITY OR TOWN (If o		ote limits, write f	RURAL and	give negresi	fown)
		(Rural) Al (If not in hospital, g	/ b b	7 days	-	Washington	10		., 1		C DECIDENCE
	OR INSTITUTION	al Hospital		oodress		d. STREET ADDRESS 6210 Newbul	rn Dri	ve	1		S RESIDENCE ON A FARM? ES NO
3	NAME OF	Fig		Middle		Last	4. DATE	Mor	. +	Day	Yeor
0.	(Type or print)	Joh		Myrick	<b>K</b>	CHERRY	OF DEATH	Ma		19	19 60
S.	SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED	☐ B. C	OATE OF BIRTH		9 AGE (In years last birthday)	-		UNDER 24 HRS
-	Male	Caucasian	WIDOW			5-12-10		50 yrs	Months		ours Min.
100	o. USUAL OCCUPAT (	ON (Give kind of work a king life, eyon if retired)	done 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign co	untry)	12 CIT	IZEN OF WI	HAT COUNTRY?
	Commercia	Artist	Co	m. Art Stud	lio	Maryla	nd.		U	J.S.A.	
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	VAME				
	John M. Cl					Grace WILSO	ON				
15. [Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of a	CES? 16.	SOCIAL SECURITY NO.	17 INFO	_		Ado	lress		
	Yes	MMII			Hos	pital Record	ls				
	Conditions, If a gove rise to i cause (a), stating lying cause lost.	mmediate the <u>under-</u>	)	larcinon	Már		Eurhei			ONSET	AL BETWEEN AND DEATH
CERTIFICATION						OT RELATED TO THE TERMI			VEN IN PAI	P	WAS ALTOPSY PERFORMED?
	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	X00 DE2	CRIBE HOW INJURI OCK	-BKKED (	enter noture of injury in	FOIL OF FULL	troi nem to j			
20c. T.ME OF INJURY Manth, Day, Year Hour a.m.  p. m.  19  20d. INJURY OCCURRED While Not while of work of wor								County)	(Stote)		
		(I) (BOCKOCK) (all of the sed alive on Ma	y 18	led the deceased fi 1960, and the		ATTENDING MI	LØ, fram	STAFF PHYS	nd on th	e date st	226 DATE \$16NED
23	BURIAL CREMATIC	N 23b. DATE THEREC	F	23c NAME OF CEMET	ERY OR C	REMATORY	23d LOCAT	ION (City, town,	or county)		(Stote)
	Burial (Spec fy)	5-23-60		Arlington	Nati	onal	Arlin	ngton		Virgi	nia
25	A. Punic	071414	1 Hor	ae, Bethesda	ı, Md		D BY REGISTI		STRAR'S SI		



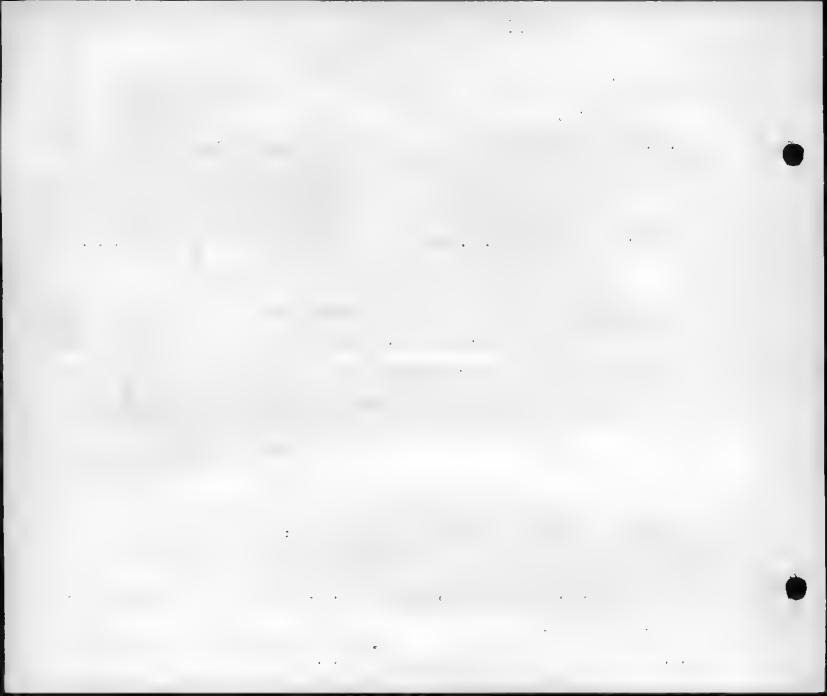
VR A15 (4) 1SM 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH

	6461	-X17 1 PV-		IL DEL			- H 1 1 1 1
	- DIVISION C	NE CTATIC	TICAL DECEA	DCH AND I	DECORDE	RALTIMORE	1 MADVIAND
	Landa isiona c	AE DIWIID	LICHE RESEN	KCH MIND	KECOKD3 —	DALIIMORE	1, MARIEMIND
7 4	23 W				05.55	A 774 A	
UU	V 3		CEUTIE	IC ATE	OF DE	ATH	1, MARYLAND
	- Tr. 1.	7 77 -	ALTO LA CALL		OI DE		_
	LIGHE	1 5 V.	44 177	1 ER (	A !> /-		I

	0	5	8	7	5
--	---	---	---	---	---

		Montgomery			MARYLA	ND	Florida		b. CC	YTMUC				/
		CITY OR TOWN (If RURAL and give ned	outside corporate limit	ts, write	c. LENGTH OF STAY IN	1b	c CITY OR TOWN (If	fautside corp	orate limits,	write RL	JRAL and	give nec	rest town	.)
	Bethesda (Rural) 3 days					Sanford								
	d.	OR INSTITUTION	L (If not in hospital, g	ive street	address)		d. STREET ADDRESS						e. IS RES	FARM?
1	J		l Hospital	•			1021 West	3rd S	treet					NO 🛣
3		AME OF	Fin	st	Middle		Last	4. DATE		Mont	h	Do	7	Year
L		ype or print)	Will		Owen		CHESSER	DEAT	н	Ma	,	1		19 60
5	5 SE	X	6 COLOR OR RACE	7 MARR	IED KNEVER MARRIED	□   B.	DATE OF BIRTH		9 AGE (In	years idoy)	IF UNDER	1 YEAR Doys	IF UNDE Hours	R 24 HRS
	Me	ale	Caucasian	WIDOWE	D DIVORCED [		8-3-08		51	yrs	77,011,03	0075	(10011	, was
PAGE 1	0a.	USUAL OCCUPATION	N (Give kind of work on glife, even if relired)	done 10b.	KIND OF BUSINESS OR I	INDUSTR	Y 11, BIRTHPLACE (Stot	te or foreign	country)		12 CIT	ZEN OF	WHATC	OUNTRY
		Mariner	-g, o.a		. S. Navy		Georg:	ia			U	.S.	A	
1	3. F	ATHER'S NAME					14. MOTHER'S MAIDEN	NAME						
		J	Inknown				Ū	Inknow	n					
Vi			IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	DRMANT			Addr	C\$1			
L	_ 7	Yes			64-01-0718	Hos	spital Reco	rds						
	1	PART I. DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	P:	ne for (o), (b), ond (c).] neumonia, rt	. 10	wer lobe					ONS	RVAL BE	DEATH
		Conditions, if on gove rise to im	ens	s						2 days				
		couse (a), stating the lying couse lost			ulmonary emp	hyse	ema, chronic	c .					3 mos	3
	CATION	Part II OTHE	ER SIGNIFICANT CON	ditions <u>c</u>	ONTRIBUTING TO DEATH	H BUT N	OT RELATED TO THETER	MINAL DISE	ASE CONDITION	ON GIV	EN IN PAI	T 1(o) 1	PERFO	AUTOPSY RMED? NO [
8 6 8 6	CENTIF	20a. ACC DENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of injury i	n Part I or P	ort II af item	18)				
4	MEDICAL	Por TIME OF INJURY Hour a.m. p.m.	Month, Doy Yes	While	NAURY OCCURRED 20  Not white of work	e PLAC foctor	E OF INJURY (Home for ry, street, office bldg., e	rm, 20f (C	ity or town)		(	County)		(Stote)
		21 I certify that	(I) <b>(II) (II)</b>	attend	led the deceased fr	am	pril 28 1	960 to	May 1		19.6	O, th	at (1) (	wie) last
		22o SIGNATURE	d dilve dil Mox	المريد مامعاد	9 17,9Q7 and IF	iai dei	on occurred degs	PPIN, IT OI	n the coos	es an	a an m	e dare		b DATE
	-1		10 1	0		M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS. [	7			5-2-	SIGNED
		22c PHYSICIAN'S NAME (Type)	K. M. MOS	ER,	LT, MC, USNR		U. S. Nav			, Be	thes	da,	Md.	
1	23a	BURIAL, CREMATION	, 236 DATE THEREC	)F	23c NAME OF CEMETE	RY OR	CREMATORY	23d LOC	ATION (City,	lown, a	r county)		(Stot	e)
Bu	iri	REMOVAL (Specify)	nt 5-3-6	00				Sa	nford			F	lorid	la.
	_	UNERAL DIRECTORS	S, GNATURE 7/4/	Home	ADDRESS , 1400 Chapi		shDC 250. RE	C'D BY REG	STRAR 25k	REGIS	TRAR'S SI	GNATU	RE	



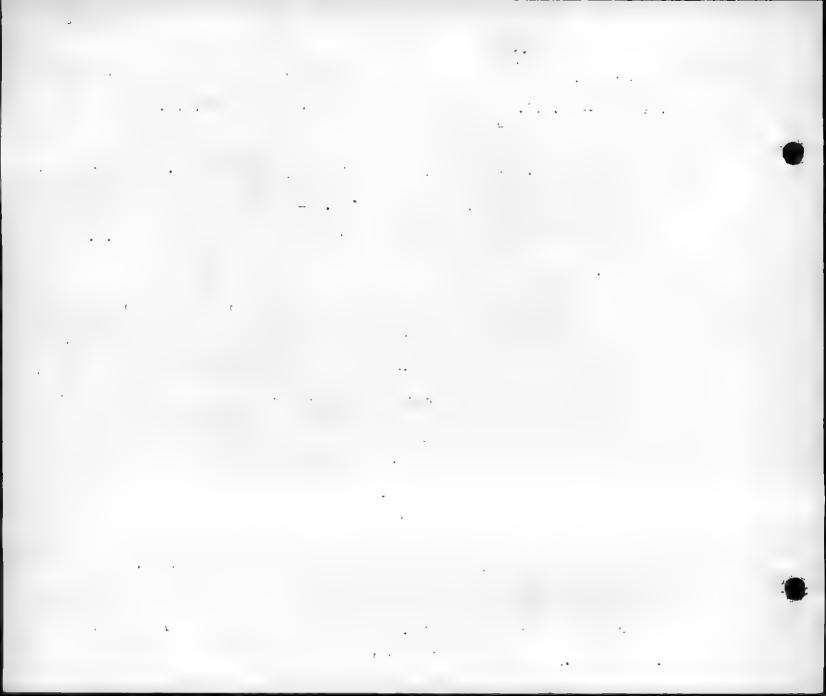
VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05876

5970 CERTIFICATE OF DEATH

Reg. Dist. No.

1	1, [	PLACE OF DEATH  O COUNTY  Montgomery  b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown).  Poolesville——R.F.D.			MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institut on Residence before admission)  official b. COUNTY Montgomery  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Poolesville———R.F.D.							
					c. LENGTH OF STAY IN 16								
	ł	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospito), gi	ve street	oddress)		d. STREET A	DDRESS				10	A FARM?
		NAME OF DECEASED (Type or print)	EMIL	_ (4	DARBY	BRO			4. DATE OF DEATH	77204	nth U	Day 7	Year 1960
	5 5	Female	6 COLOR OR RACE White	7. MARR	NEVER MARRIED  DIVORCED					AGE (in years) lost birthdoy) 77 yrs			
	10a	USUAL OCCUPATION OF WORLD	king life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUS	1		or foreign count	iry)			AT COUNTRY?
	13.	FATHER'S NAME				THO OF STAY IN 16  O'MATYLAND  O'MATYLAND  O'MATYLAND  O'MATYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL ona give nearest fown)  O'YYS  PoolesvilleR.F.D.  (d. STREET ADDRESS  O'N A FARM'  O'N A FARM'  TO O'Y YOU  DEATH  O'N A FARM'  TO O'Y A FARM'  TO O'Y YOU  DEATH  O'N A FARM'  TO O'Y YOU  O'N A FARM'  TO O'Y YOU  DEATH  O'N A FARM'  TO O'Y YOU  Months Doys Hours Min.  Is RITHPLACE (Stote or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME  Antionette Chiswell  ECURITY NO.  INFORMANT  Mrs Walter Allnutt, Poolesville, Md  (b). ond (c) INTERVAL BETWEEN  O'N A FARM'  U.S.  TO O'N A STAND DEATH  O'N A STAND							
		Remus	R.Darby				An	tione	tte Chi	swell			
			R IN U. S. ARMED FORG		SOCIAL SECURITY NO.	IN	FORMANT			Add	ress		
	"	No. or unknown)	(If yes, give war or dates of se	rvice)		Mrs	s Walter	c Alli	nutt, Po	olesvi	lle,M	d	
		18. CAUSE OF DEATH [Enfer only one couse per line for (o), (b), and (c)]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) UPENIA									ONSET AND DEATH		
	Conditions, if ony, which gave rise to immediate cause (a), stating the under DUE TO  DUE TO  DUE TO  SYNDROME  DUE TO									2.years			
		Lying couse lost (c) CHACIPPETES CARCINUMA OF LIVER 2-YEARS											
	CERTIFICATION	PANT II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DEATH OF THE PERFORMENT NO DEATH NO DEATH OF THE PERFORMENT NO DEATH OF THE PERFORMENT NO DEATH NO DE											
	MEDICAL	20c. TIME OF INJURY Month Day, Yeor 20d. INJURY OCCURRED Hour o. m. While of work of w											
ł		21. I certify that I attended the deceased from 5 EPT., 1955, to 11114 7, 1960, that I last saw the deceased											
		alive an 7, 1960, and that death accurred at 4:30AM, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED											
		SIGNATURE JOHN C. JOHN COLUMN DOWN DOWN 2000											
		PHYSICIANS NAME (Typh)	Jehn Faw	cett				<i>\$</i>	0, 1	300	eles_	Lu:	ol.
	220.	BURIAL, CREMATIC REMOVAL (Specify) Buri	al May 10-	1960		ERY OR	CREMATORY				7.0		Stole)
	1:	funeral director	11.	ton	Barnesvil	le,	Md		BY REGISTRAF		STRAR'S SIG		



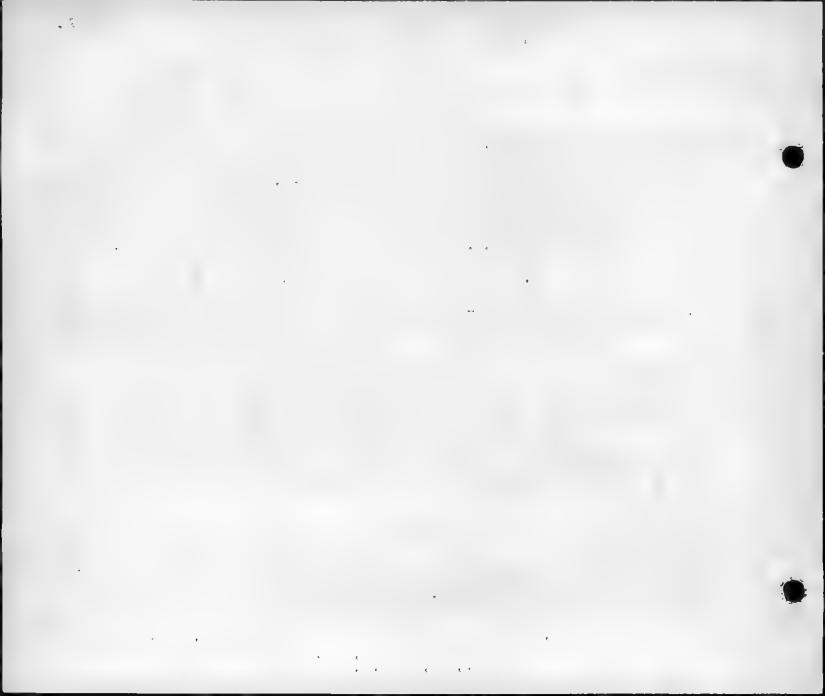
VS A15 (4)

15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

5971 Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND Missour CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stoutland d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? The Clinical Center, Bethesda lh. Md. Box 56 YES [ NO TO First Middle 4. DATE Richard Rov Clay. DEATH Mav 19 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9 AGE (In years last birthday) Months WIDOWED | DIVORCED [ 10a. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Air Force Misscuri U.S.A. 14. MOTHER'S MAIDEN NAME Richard Roy Clay, Sr. Minnie E. Ravenscroft TS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT The Medical Record Address The Glinical Center, Bethesda 14, Maryland IB. CAUSE OF DEATH [Enter any one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory Insufficiency DUE TO Pulmonary Metastases from **DUE TO** 6 nonths Embryonal Cell Carcinoma, left Testis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES TE NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) 20c TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Not while of work at work 21. I certify that I offended the deceased from March 17, 19, 60, to May 28 19 60 that I lost sow the deceased and that death occurred at 2:10pm, from the causes and on the date stated above. DATE SIGNED Institutes of Health GORDON C. SHARP. Bethesda Dr. Maryland 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Stoutland. Missouri 23 FUNERAL DIRECTOR'S SIGNATURE Rinaldi Funeral Home, Inc 816 H St., NE, Wash, 2, DC 24a. REC'D BY REGISTRAR DATE MAY 3 1 '60 arthur & thous



er death.



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

05879

			OI.
	5	8	8

CERTIFICATE OF DEATH

	0001	CERTITION	TE OF DEPTH
a COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceased I ved If institution Residence before admission) o STATE MARYT, AND b COUNTY MONTGOMERY
RJRAL and give o	(If outside corporate limits, we see set town) SPRING	c LENGTH OF STAY IN 16 1 month	c. CTY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  SILVER SPRING
d NAME OF HOSP OR NSTITUTION	TAL (If not in hospital, give st 2902 Lindell	reet oddress) Street	d STREET ADDRESS  2902 Lindell Street  e is RESIDENCE ON A FARM? YES □ NO €
3 NAME OF DECEASED (Type or print)	First WILLIAM	Middle	Lost 4. DATE Month Day Year OF DEATH MAY 19 1960
S SEX MALE		MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 10/14/88  9 AGE (in years   IF UNDER 1 YEAR IF UNDER 24 HE lost birthday) 71 yrs  Months Days Hours Min.
00 USJAL OCCUPATI during most of wo Gardener	ION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR INDU	USTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTR Scotland U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME
Robert	W. Collie		Barbara M. S. Glass
15. WAS DECEASEDEV (Yes no or unknown) NO	ER IN U. S. ARMED FORCES? (If yes: give war or dates of service		bert A. Linkins, 2902 Lindell St. Silver Spring, Middle St.
Conditions, if gave rise to couse (a), stating lying cause last  PART II. OT  20a ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFE)	the under-	ONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES NO [
	AS UNDERLYING [ 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in Part I ar Part II of item 18.)
20c TIME OF INJU Hour o.m. p. m.	. V	Od INJURY OCCURRED 20e. P /hile Nat while for work at work	PLACE OF INJURY (Home, farm, 20f (City ar tawn) (Caunty) (State actory, street, office bldg., etc.)
21 <b>I certify</b> th	/ / /	tended the deceased fram.	19 MAY., 1960 to 1944, 1960, that (1) (we) la death accurred at 28 M, from the causes and an the date stated above
220 SIGNATURE	LB Snow		M D ATTENDING MED. STAFF STAFF STAFF
22c PHYSICIAN'S NAME (Type)	L. B. SNOW		7950 New Hampshire Ave. Langley Park, Md
BURLAL	1 2 2 2 2 2 2	23c. NAME OF CEMETERY O	
Mary Same	E. PUPPLIFEY	INO. ADDRESS VER SP	RING, MD. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE MAY 2 4 '60 Cribus & Krausa

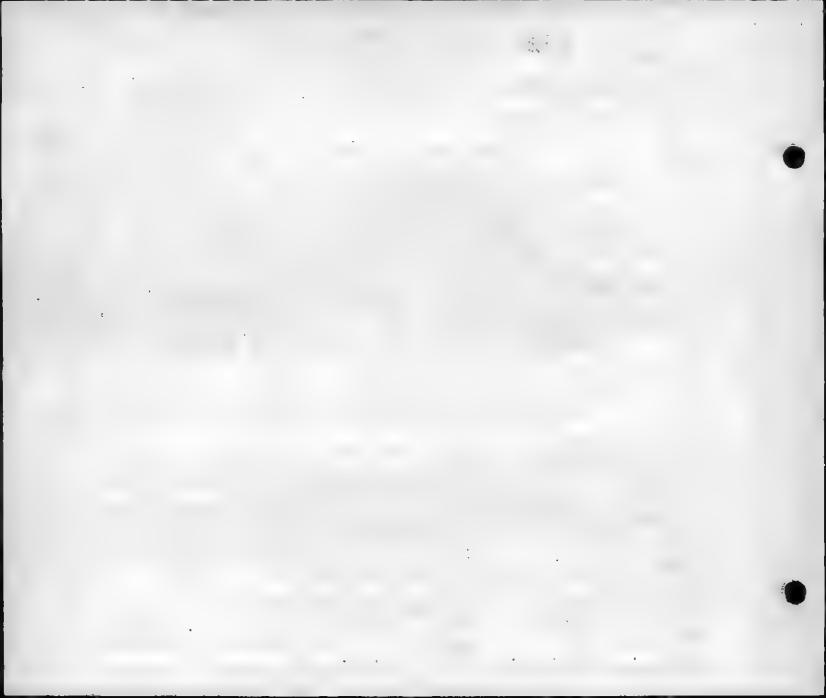
ofter death. Page 4

TO FUNERAL DIRECTOR: After this certificate him been signed by the altending pllysician and completely filled in My the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove earban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any explit within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 or ATTENDING PHYSICIAN: the tow request by the haspital or attending physician. TO HOSPI

VR A15 (4) 15M 9/59

11/2 ATA K1 448 1 ţ

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



٠.

.

05020

	0314	CERTIFIC	MH	COLDEVIU			(10)		
1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLANI	- 11	usual residence (When state Marylan	_	h COUNTY	Residence bef		ion)
b CITY OR TOWN ( RURAL and give n O1 .eV		4 hrs. 15.0		c. CITY OR TOWN (IF ou		ote limits, write RU	RAL and give ne	earest town	1)
- Part -	TAL (if not in hospital, give street	address)		d. STREET ADDRESS		rive			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Estelle	Middle N •	(		4. DATE OF DEATH	Month May			Yeor 1960
Female	6. COLOR OR RACE 7 MARI		_   _	DATE OF BIRTH Pebruary 22	, <b>1</b> 398	lost hirthdox	FUNDER 1 YEA Manths Days	R IF UNDI Hours	Min,
10a. USUAL OCCUPATE during most of wor	ON (Give kind of work done 10b. king life, even if refired)	KIND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (Slote o	_	intry)	Unite		COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA			01120		
	own James E. 1			Kate N	(47/4 )	a Sural		14.40	
	ER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)			RMANT	_	Addre			
no			Maı	rgaret Shib	ler	Rock	cville	, Ma	•
Conditions, if a gove rise to couse (a), stoting lying cause lost	the under (c)	aleros.	e e d	luoni	Rene	use de	Cerap	<b>~</b>	year
CATIC	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT N	OT RELATED TO THE TERMIN	AL DISEASE	CONDITION GIVE	N IN PART I(a)	PERFC	ALTOPSY DRMED?
OR CONTRIBUTION	AS UNDERLYING   20b. DES G   CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	RRED.	(Enter nature of injury in Po	ort I ar Port	II of item 18.)			
ZOC. TIME OF INJUI Hour a, m. p.m.	RY Manth, Day, Year 20d. I While at wor	Nat while	PLAC focto	E Of INJURY (Home form, ry, street, office bldg., etc.)	20f. (City	or town)	(County	')	(State)
	ot (I) (this hospital) attended ased alive on May 2			ATTENDING ME	A Ribert	te couses and		e stoted	b.DATE SIGNED
72c. PHYSICIAN'S NAME (Type)	W. A. Linthio	cum, MD.	174.	22d ADDRESS	mit A		aither	1. 1	1
230 BURIAL, CREMATIC REMOVAL (Specify BUT 10 1 24 FUNERAL DIRECTOR Tips N When	5-25-60	Forest Os ADDRESS E. M	Y OR G	CREMATORY 25a. REC'D	Ga-Lit		regunt PRAR'S SIGNATIONAL		land

may be it solved by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs ofter death

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSI

VR A15 (4) 15M 9/59

s ofter death. Page 4



s after death. Page 4

TR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

VS A15 (4) 15M 9/58

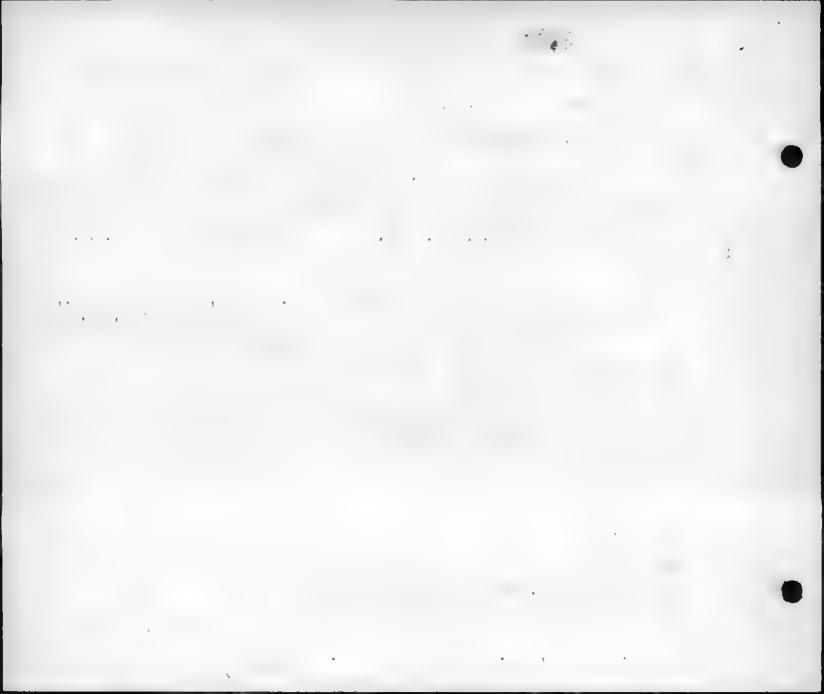
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tems 8,9 FilmG26, 5-20-60 et CERTIFICATE OF DEATH

05883

5883

Reg. Dist. No.

1.	PLACE OF DEATH O. COUNTY MONT GOMERY	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE MARYLA)		d. If institution I b. COUNTY M			ion)
)	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) SILVER SPRING	c. LENGTH OF STAY IN 16 since 1926	c. GTY OR TOWN (IF o	utside corporate R SPRING		L ond give n	earest lawn	)
	d NAME OF HOSPITAL (If not in hospito, give street or institution 812 RICHMOND AT	t oddress) YENUE	/ d. STREET ADDRESS 812 RICH	MOND AV	ENUE			DENCE FARM? NO 1
3	NAME OF First DECEASED (Type or print) ADA	Middle V.	tost COWGILL	4. DATE OF DEATH	Month MAY		-	<sup>(ear</sup> 9 60
5		RRIED NEVER MARRIED D	B DATE OF BIRTH 1/24/8/7 1886	9. A		UNDER 1 YEA	R IF UNDE Hours	R 24 HRS Min
1	o. USUAL OCCUPATION (Give kind of work done 100 during most of working life, even if retired)  Clerk (retired)	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote PENNSYI		yl	12.CITIZEN C	A.	OUNTRY?
1	FATHER'S NAME Unknown		14. MOTHER'S MAIDEN N Unknown	AME				
15 (Y	. WAS DECEASED EYER IN U. S. ARMED FORCES? 1: es, no, or unknown) [If yes, give wer or dates of service]		NFORMANT SS Evelyn L. (		Address 812 Ric 1ver Spr			
CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT		NA. DISEASE CO	ND I ON GIVEN	/	PERFO	20 y
MEDICAL CERTIFI	20c. TIME OF INJURY Month, Day, Year 20d.	6-	D. Enter nature of injury in P ACE OF INJURY (Hame, farm ctory, street, office bldg., etc.	, 20f. (City or t		(Count)	r)	(State)
	21. I certify that I attended the decedrative an	ised fram		ADDRESS (Street, Coling Spe	causes and a city or town, stol	on the dal el Ruf	te stated	
	9 BURIAL, CREMATION, 226 DATE THEREOF BURIAL 5/19/6 0	OAKWOOD CEME!	TERY	FALLS		VIRGI		=)
23	FUNERAL DIRECTOR'S SIGNATURE APPLIER E. PUMPHREY ANC.	ADDRESS ASILVER SPRING	T MD	BY REGISTRAR AY 18'60	246. REGISTRA	ar's signati mg & Ka		



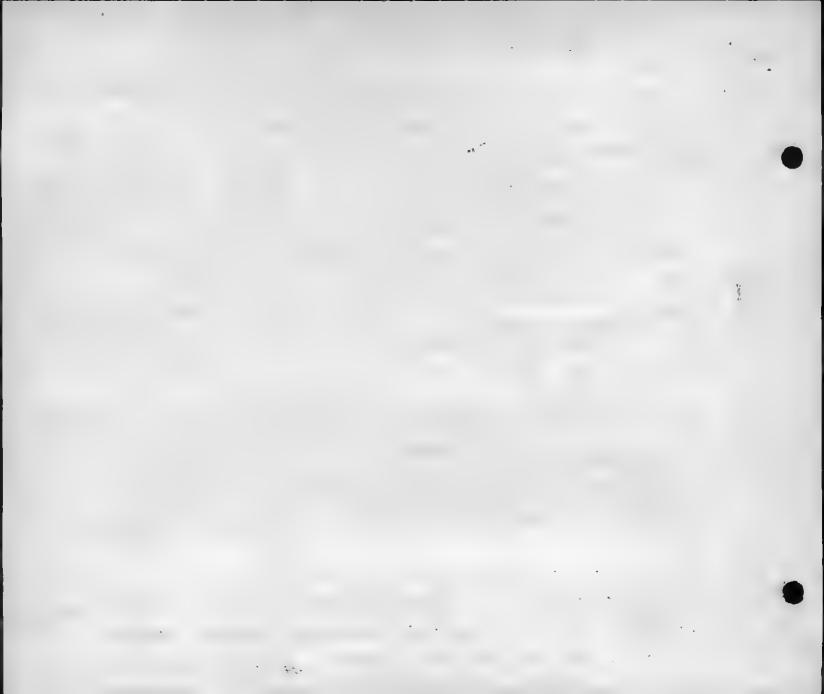
# FOR STATE HEALTH DEP TO DEPCT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a calety is necessary, please execute the certificate writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pages 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Trault, or its designated agent, prior to burial, cremation, or removal, and in the world within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5975 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()5884

		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before adm sylon)  a. COUNTY
)		b. COUNTY  MARYLAND  b. CITY OR TOWN (if outs de corporate 1 mits, write RURAL and give nearest town)  write RURAL and give hearest town)
		d NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street eddress) d STREET ADDRESS on A FARM?
	3.	NAME OF DECEASED  NO PLANT DECEASED  NO PLANT DESTRUCTION OF Month Dev Year
		SEX 6. COLDR OR RACE 7. MARRIED NEVER MARR.ED 8. DATE OF BIRTH  SEX WIDOWED DIVORCED 7. MARRIED NEVER MARR.ED 7. Months Days Hours 1 Min.
	do	USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	13.	Joe. 4 Runedy Mary House
	15 (Y	No None None None None Coyle - Item
		PART I. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (a) Couracy Occlessor  [MMEDIATE CAUSE (a) Couracy Occupant  [MMEDIATE CAUSE (a
		Conditions, if any, which (b)
	_	(a), stating the underlying DUE TO cause last. (c)
١	CARON	PART II. OTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/0, 19. WAS AUTOPSY PERFORMED?  YES NO
	I CERTIFI	20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II of Item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Abdul 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour a.m. 19 While at work at work at work
		21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .
N <sub>4</sub>		SIGNATURE Frank J. Breehart M.D. ASSISTANT MEDICAL EXAMINER [ DATE SIGNED
í,	220	DEPUTY MEDICAL EXAMINER (A)  NAME (Type) FLANINT BLUSCHZ A+ Address (Street, city, town, or county)  BURIAL, CREMATION, (22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)  [21d. LOCATION (City, town, or country) (Siets)
	С	REMOVAL (Specify)  Cremation 5/19/60 Cedar Hill Crematory Suitland Maryland  FUNERAL DIRECTOR  ADDRESS 246. RECTO BY REGISTRAN 248. REGISTRAN'S SIGNATURE
	l.	Robert A. Pumphrey Bethesda, Maryland



2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
STATE
b. COUNTY
Anna Anna deli

Page.

after death

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPIL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed may be forward by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compit page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers the State Board of Health pr or to burial, cremation, or remaval, and in any event, within 72 hourself.

VR A15 (4) 15M 9/59

I. PLACE OF BEATH COUNTY Montgomery		MARYLAN	RYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY Anne Arundel							
b. CITY OR TOWN (I	f outside corporate limits, w	rite c LENGTH OF STAY IN 1	b c. CITY OR TOWN (IF o	outside corporate limits, w	rite RURAL and give ner	arest town)				
Bethesda	(Rural)	13 days	Severna Par	k	$\cup$	XX-X				
d NAME OF HOSPIT OR INSTITUTION UE S. NAV	AL (If not in hospitol, give al Hospital	street oddress)	d street address	Road		e IS RESIDENCE ON A FARM? YES NO K				
3. NAME OF DECEASED (Type or print)	First <b>Iret</b>	Middle Glenna	CROSSMAN	4. DATE OF DEATH	Month Do					
5. SEX Female	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	lost prinady)   Manths   Days   Hours   Mir							
100 LSUAL OCCUPATION			DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY  West Virginia U.S.A.							
13. FATHER'S NAME Wiley A. L	VIITOR		Lona E. KE							
	R IN J. S ARMED FORCES	7 16. SOCIAL SECURITY NO 1	7. INFORMANT	1202	Address					
	(If yes, give war or dates of service	4	(H)Philip J. Cr	ossman, sam	e as #2 abo	ve				
	ATH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).]  Anemy	2		lon:	SET AND DEATH				
Conditions, if a		Throm	boutopen	rd	6	o mes				
couse (a), stating tying couse last,	L DITE TO	Hodghu	na Disease		6	mor.				
PART II OTH	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	19. WAS ALTOPSY PERFORMED? YES NO				
OR CONTRIBUTING	AS UNDERLYING 20L G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or Part II of item 1	8.)					
ZOC TIME OF INJUR Hour a.m. p.m.		20d INJURY OCCURRED 20e While Not while of work at work	PLACE OF INJURY (Home, farm foctory, street, affice bldg., etc	n, 20f. (City or town)	(County)	) (State				
21. I certify the	at (I) <b>pellischeschtos</b> I) a sed alive an <b>May</b>	ttended the deceased fro		M. from the cause		hat (I) ( <b>%</b> e) las				
220 SIGNATURE	Fleat	Lucel	ATTENDING M	ED STAFF PHYS	3 dila dii lile odie	22b. DATE 5-26-60				
22c PHYSICIAN'S NAME (Type)	F. S. CALDWE	LL, LT, MC, USN	22d. ADDRESS U. S. Nav	al Hospital	, Bethesda,	, Md.				
230 BURIAL, CREMAT C REMOVA (Specify BURIAL Shi	pment 5-29-	23c. NAME OF CEMETER Memoria		23d, LOCATION (City, I		(Stote)				
24, FUNERAL DIRECTOR Severna Pa	John M.	Ser ADDRESS CO ome, Severna Par			. REGISTRAR'S SIGNATURE OF THE S. Hus					
OF	RUBERTS.	BARRANCO	2							

. . ) . , 21 1

after death. Page

puc .⊆

filled

campletely

puo

physician

offending

the

by the hospital or attending physician.

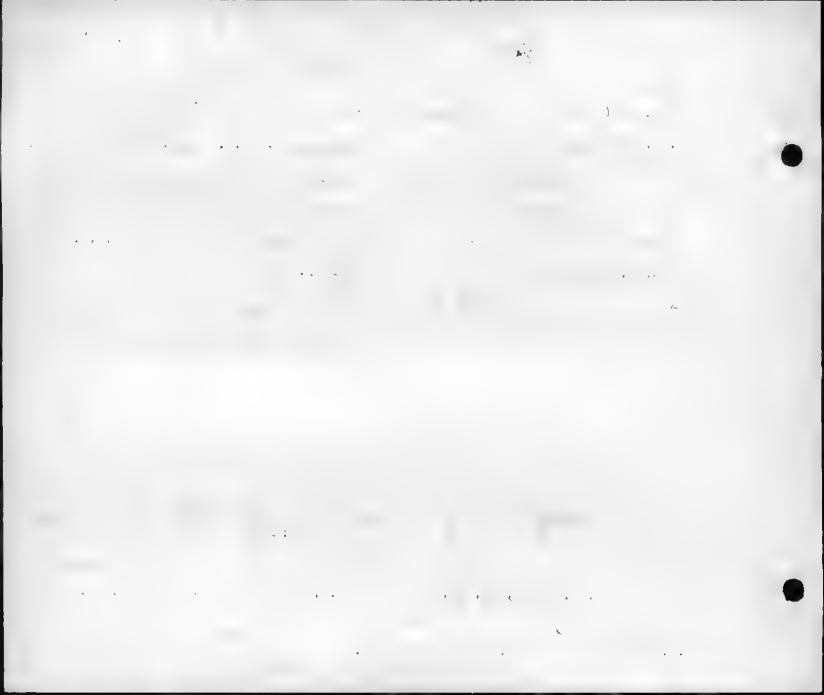
After this certificate

FUNERAL DIRECTOR:

0

15M 9/59

ned



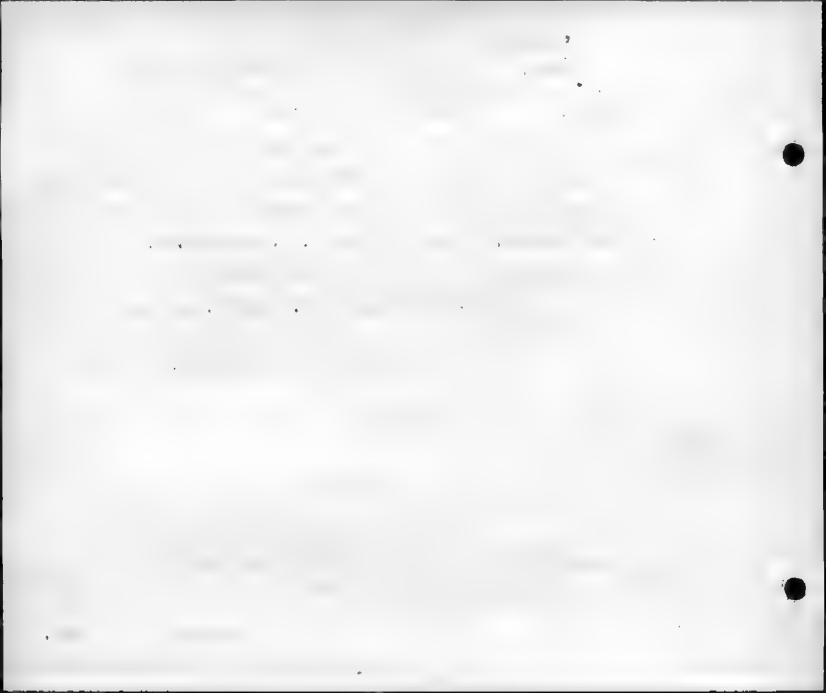
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (15887) 5924 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  9. STATE 34.0.3.3.1 and b. COUNTY									
	tgomery		MARYL		Marr		b. COUNTY		Montg					
b. CITY OR TOWN (IF and give nearest town)	outside corporate lumin, writ	e KUKAL	c. LENGTH OF STAY II	מו אי	c. CITY OR TOWN (IF	outside corpo	orate limits, write	KUKAL and (	give nearest t	lown)				
Chevy		10 - 1 2 -				y Cha	se		1 10	her in the last				
	hevy Chas		spital, give street address अन्त्री	)	d. STREET ADDRESS	D1	OI:	RESIDENCE						
3. NAME OF							y Chase	PTA		No 💽				
DECEASED	Fir	'al	Middle		Last	4. DATE OF	Month		Day	Year				
(Type or print)  5. SEX	Clayt		IED X NEVER MARRIED		nningham.	DEATH	May 2. AGE (In years	IF UNDER 1						
		WIDOWE					lost burthday]		eys Hours	DER 24 HRS.				
Male	White	<u> </u>			Oct. 5,18		79 yrs.	12 01717	ENLOG MENA	T COUNTRY?				
during most of working	g life, even if retired)	done 100.	KIND OF BOSINESS OR II	MEDIN	11. BIKITIFDACE (SIGIE	at totaldu co	nunki			COUNTRY				
Enginee:	<u> </u>				Kans				US					
					14. MOTHER'S MAIDEN N									
15. WAS DECEASED EVE	es Cunnir			77 IA1	FORMANT	Unkno			<u> </u>					
(Yes, no, or unknown)	(If yes, give war or dates of	service)					Address							
Yes	Ep. Amer		Unknown	<u> </u>	Blanche E.	_Cunn	ingham-	wife.						
	'H [Enter only one car H WAS CAUSED BY:	se per line	for (a), (b), and (c), ]						ONSET AND D	WEEN				
	MMEDIATE CAUSE (a)		Coronar	7 0	cclusion				sudd	en				
1470	DUE TO													
Canditions, if an														
(a), stating the u														
cause last.	(c)													
PART II. OTH		-		BUT NO	TO THE TERMI	NALDISEASE	CONDITION GIVE	N IN PART		ORMED?				
3			emphysema						YES 🗌	NO 🌊				
PART II. OTH  PART II. OTH  200. EXTERNAL CAU PRIMARY Gr CON CAUSE OF DEATH.	SE WAS ITRIBUTING []	b. DESCRIE	BE HOW INJURY OCCUR	RED. (En	ter noture of injury in Port	l I or Part II o	f item 18.)							
20c, TIME OF INJUR	Y Month, Day, Yes			e. PLAC	E OF INJURY (Home, farm y, street, affice bldg., etc.)	20f. (City o	or fown)	(Caun	1y}	(Stote)				
Hour a.m.	19	While of we	le Not while ork at work	100101	y, 1100, 011100 010gg 1010.	'								
21. I certify th	at I taak charge	of the	remains described	abav	e, held an Autapsy	y 🔲, Ins	pection x	Inquiry	br, and	find that				
death resulted	fram: Natural	causes 🛣	, Accident [],	Suic	ide 🔲 , Hamicide	D, Uni	determined co	ause 🔲.	_					
	1-	0			_									
ACTUAL SIGNATURE	trank .	1120	wehant		M.D. CHIEF MEDICAL EX	AMINER 🔲			DATE	SIGNED				
					ASSISTANT MEDICA	AL EXAMINER								
EXAMINER'S NAME (Type) Fig	rank J. F	rosc	hart		DEPUTY MEDICAL E	XAMINER 🔀			5/9	/60				
220- BURIAL, CREMATION	N, 226. DATE THEREC	)F	22c. NAME OF CEMETER	RY OR C	REMATORY	22d LOCATI	ON (City, lawn, o	r county)	(510	ole)				
Cremation	n   5/8/60		Cedar Hill	L C:	rematory	Sui	tland,	Mary!	Land					
23. FUNERAL DIRECTOR'S			ADDRESS	1	2 2 1	BY REGISTR	AR 24b. REGIS	TRAR'S SIGN	NATURE					
Robert A.	. Pumphre	у В	ethesda, l	Mar	y Land DATE MI	AY 1 0 '6	0 0.	Chur S.	Kinera					



death

1SM 9/SB

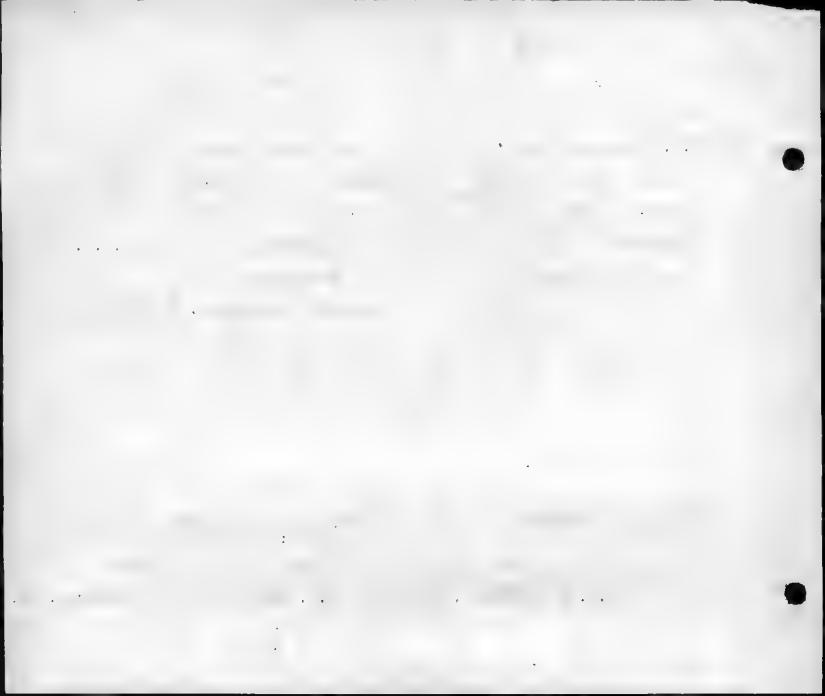


TO HOSP

VR A1S (4) ISM 9/59

5070

	3344							
1. PLACE OF DEATH a COUNTY		MARYL	0	SUAL RESIDENCE (Wh		lived. If institution b COUNTY	on: Residence befo	re admission)
Montgomery_				Maryland				*
b C TY OR TOWN (If outside co RURAL and give nearest town)		c. LENGTH OF STAY I	N 1b	. CITY OR TOWN (If a	utside corpore	ite fimils, write Ki	JKAL ond give ne	prest town)
Bethesda (Rura	- 1	26 days	A	nnapolis			02	10
d NAME OF HOSPITAL (If not a OR INSTITUTION	n hospital, give street	address,		STREET ADDRESS				e IS RESIDENCE
J.S. Naval Hos	nital		1	52 Defens	10 111 0	·h		YES PHO
					4. DATE			-6-7
(Type or print) Doris	Rebeco	Middle DA	UGHTR	Last <b>Y</b>	OF DEATH	May	њ Dx	19 6(
S SEX 6. COLO	OR RACE 7. MAR	RIEDENEVER MARRIE	D B. DA	TE OF BIRTH	5	AGE (In years last birthday)		IF UNDER 24 HE
Female Cau	WIDOW	ED DIVORCED	ПБ	July 1911		JIS YIS	Months Days	Hours Min.
100 USUAL OCCUPATION (Give ki	<u> </u>				or foreign cou	71.1.7	12 CITIZEN O	F WHAT COUNTR
during most of working life, ev	on of retired)	. KII (O () BOSH (ESS O	1140031111	III. BIKITII BAGE (SIGIS	or rorongin con	,,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u>Housewife</u>				Maryla			U.S.	Α
3. FATHER'S NAME			14.	MOTHER'S MAIDEN N	IAME			
Harry H. MII	JER			Kate GOI	DEN			<b>\</b>
S. WAS DECEASED EVER IN U. S.		SOCIAL SECURITY NO.	17, INFORA		TINE THE	Addi	'ess	
	er or dates of service)						TO TWO DIT	
_No		NA	- de l'interior de la constante de l'interior de l'interio	band) Joe	Ever	ett DA	JOHUNRY	
18 CAUSE OF DEATH [Enter		ne for (a), (b), and (c) ]	-					ERVAL BETWEEN SET AND DEATH
PART I. DEATH WAS C	AUSED BY: (E CAUSE (o)	Cin MI	al.					
	DUE TO			0				
1		7-2-1-7	1 A.	- //	A .	-	1 Line	
Conditions, if on which gove rise to immediate	(p)	MUXILA	inco	2 Care	111-	m	o o who	10
couse (o), stoting the under-	DUE TO	0	*		1 10	4	, 0	
lying cause lost.	(c)	- Cur	uns	no	1 LK	wex		
PART II OTHER SIGNIF	CANT CONDITIONS	CONTRIBUTING TO DEA	TOM TUB HT.	RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART 1(o)	9 WAS AUTOPS
OT				,				PERFORMED?
	was I lear no					H - 6 % 10 3		IES DE NOT
PART II OTHER SIGNIF	OF DEATH	SCRIBE HOW INJURY OF	CURRED. (En	ter noture of injury in i	Port I or Port	II of item (B)		
20c. T ME OF INJURY Month, Hour o.m.	Doy, Year 20d.	INJURY OCCURRED		F INJURY (Home, farm		or town)	(County)	(Stot
Hour o.m.	19 While	Not while	toctory,	street, office bldg , etc	-1			
					i			-
21. I certify that (I) ](I)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ded the deceased	fram, 2	May 19	60.10.2	8 Ma.v-	, 19 <u>60</u> fl	rat (I) 🌃 la
saw the deceased alive		19.60, and						
220. SIGNATURE	1100				JELLE			22b DATE
	//		MD	ATTENDING M. PHYS. DI	ED RECTOR	STAFF PHYS.	5 20 60	SIGNI
22c PHYS CIAN'S"	-		MD	22d. ADDRESS	KECTOK L	PHTS.	7-29-00	
NAME (Type)	til La			120. ADDRESS				
F.S.		KEY, LIDM	C USN	U.SNa	val H	ospita.	1. Beth	esdal
	ATE THEREOF	23cg NAME OF CEME	TERY OR CRE	MATORY	23d JOSEA1	ON (Cify, fown is	or county)	A (Stote)
XEMOVAL (Spocky)	Well-1961	23c NAME OF CEME	TERY OR CRE	F. 111	23d 10CA11	ON (City, town	or county)	(Stote)
Deales An	ne1-1960	anexapel	tery or cre	timal Cene	Un	napole	o Ma	
24 PUNERAL DIRECTOR'S S GNATH	ne1-1960	230 NAME OF CEME OLIVERAL ADDRESS	60 Mal	timal Cene	D BY REGISTA	MAR 256 REGI	STRAR'S SIGNATU	RE



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOL

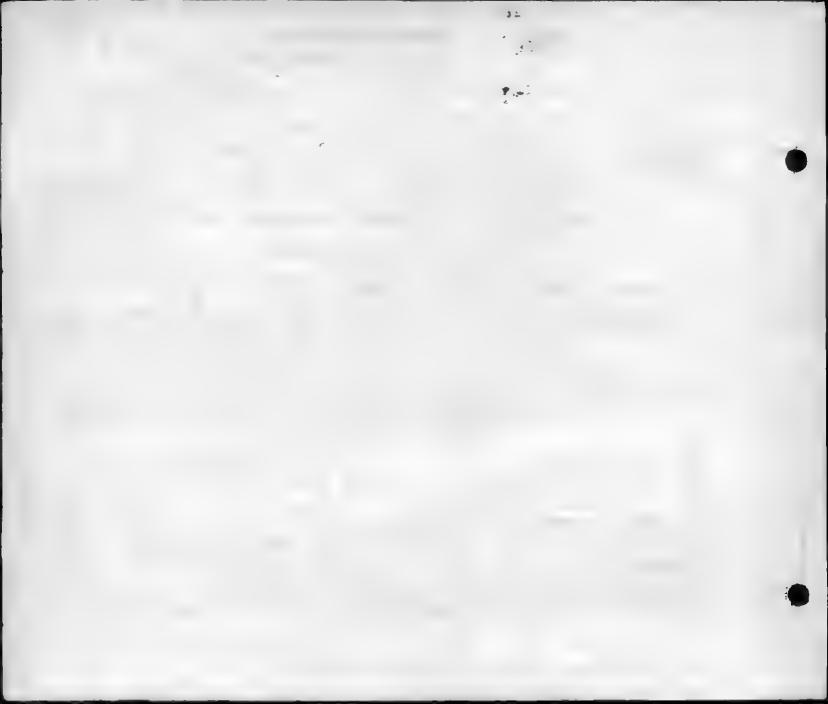
VS A15 (4) 15M 9/55

irs after death." Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

	5884 CERTIFICA	ATE OF DEATH Reg. Dist. No.
-	PLACE OF DEATH O. COUNTY  The ritzened of MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission)  9 STATE  0 STATE  1 Cf Lolumbia
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest, town)  1111 Cr Shrift 9  2 class	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 47X-3
	d. NAME OF HOSPITAL OF not in hospital give street address) OR INSTITUTION OF LEASE FIFTY 13'LE East	800 Gallevery Fr. M. E. Sesidence ON A FARM?
	NAME OF DECEASED (Type or print) CILIA REBECCA D.	ALTWPIRT DEATH 132 24 26 1960
	felica 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8 DATE OF BIRTH  P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)  Grant Days Hours Min.  P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In the second of
7	Outsual Occupation (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME OR Ballard	14. MOTHER'S MAIDEN NAME Bety Schooler
	Yes, no or unknown   [If yes, gave wor or dates of service]	NFORMANT address LD Fichling 800 Galling to N.t. D.
	PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse last.  OUE TO  (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY
	206 ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH	PERFORMED? YES NO P
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that I attended the deceased from 125 alive on 1266, and that death	accurred at 4 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  DATE SIGNED
	PHYSICIAN'S FINC MAGI	M.D = 13 Conversity Other. E 3/20/68
	20 BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR REMOVAL (Specify)	the Khoadeside Par
1	Sysma Junetal Jomes Py: / With	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE  CALLY DATE MAY 2 7 '60 CATHER & KLOUB
	4 //	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

> ON A FARM? YES NO TO

> > Year

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

(County)

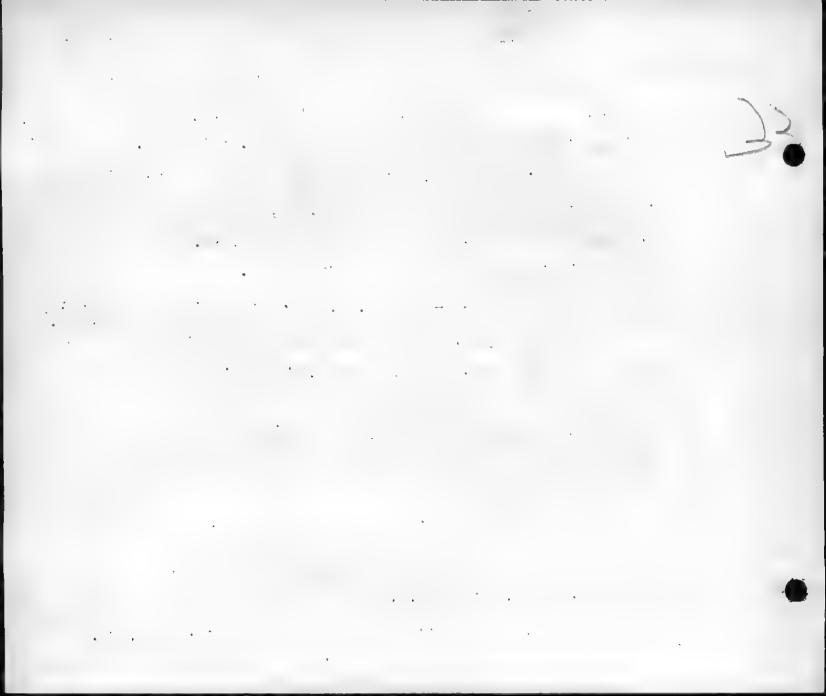
(State)

Months



VS A15 (4) 15M 9/58

			MARYL	AND S	STATE DEPA	ARTM	ENT OF H	EALT	H-BAI	LTIMOR	E, 18	3		
			59	180	CERT	IFICA	TE OF D	EAT	Н		1	() 5 Reg. Dist.	892	
	1, [	PLACE OF DEATH O. COUNTY Mont	gomery		MAR	YLAND	2. USUAL RESID	ence (wary)	here decesse and	ed lived if it b. CO	noitutiter M <sup>TAUU</sup>	Res dence	mery	assion)
= 5-		b. CTY OR TOWN (IF of RURAL and give near Boyd d. NAME OF HOSP TALL OR INSTITUTION BUCK	est town) ' S	re street ac			/ d STREET A	ilve	er Sp		AV		e IS R	ESIDENCE A FARM?
		NAME OF DECEASED (Type or print)	First Ira		Lynnw	ood	Davi		4. DATE OF DEATH	1	Month May			Year 19 60
		Male USUAL OCCUPATION during most of warking Farme	White (Give kind of work do	WIDOWED	NAAD	DR INDUST	Hya	14 CE (Stoke	own.	9. AGE (In lost birth 78 country)		12. CITIZEI	ys Hour	
	15	WAS DECEASED EVER II	n Davis	vice)	OCIAL SECURITY NO		FORMANT	ra I	layes	Davis	Addres		lena	7700
	Z	Canditions, if ony, gove rise to imm cause (a), stating the lying couse last.	WAS CAUSED BY. MMEDIATE CAUSE (o).  DUE TO  which (b). ediate	C	enevaliz Lycin on	ed	Metas of t	Has	Yejo	SIII	Иом		2,	iens
	MEDICAL CERTIFICATION	200. ACCIDENT WAS I OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	JINDERLYING [ 2 CAUSE OF DEATH DICAL EXAMINER)  Month, Day, Year	COTT	C CAYO	CCURRED.	rascilo	injury in	7 5 COx Part 1 or Po	S € ·		(Cou	YES [	FORMED? NO [
1	ME	21. I certify that alive an 2 4	I attended the May	deceased, 19 6	of work	M	accurred all		ADDRESS (S	the cause	s and		late state	deceased ed abave ATE SIGNED
	22a	Bur AL, CREMATION, REMOVAL (Specify) Burial	22b DATE THEREOF		11th M. 22c NAME OF CEM Hvatts	ETERY OR			_	TON (City,			(51 A	tote)
	23.	PHINERAL DIRECTOR'S S		th	ADDRESS Dama			24a. REC	D BY REGIS		REGIST	RAR'S SIGN	1	



VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	LUUL	CEKTIFICA	AIE OF DEATH		Reg. Dist. No.	
\ /	1. PLACE OF DEATH COUNTY  Hontgomery	MARYLAND	2 USUAL RESIDENCE (Whe	b COU	NTY	,
1	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown) Ruther the limits of	LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	tside corporate limits, wri	Montgomer te RURAL and give hearest	
	d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION	dress) pital	d. STREET ADDRESS	pring		S RESIDENCE ON A FARM? ES NO NO
Ī	3. NAME OF DECEASED (Type or print) LILLIAN	Middle DE	BERNARDO	OF DEATH	Month Day	Yeor 19 60
	5 SEX 6. COLOR OF RACE 7 MARRIE WIDOWED		B. DATE OF BIRTH  March 16	9 AGE (In yellost birthda	ors IF UNDER TYEAR IF	UNDER 24 HRS
	10a USUAL OCCUPATION (Give kind of work done 10b, KI during most of working life, even if retired)  Homemaker	Housewell			12. CITIZEN OF W	WHAT COUNTRY?
	Danillo MART	INA	14 MOTHER'S MAIDEN NA	U	8	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC [You no or ynthrown)   fit you give wor or dollar of services	OCIAL SECURITY NO. 17. I	NFORMANT		Address	
	18. CAUSE OF DEATH [Enter only one couse per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o].  DUE TO  Conditions, if one, which gove rise to immediate couse [o], slating the under- lying couse lost  Part II OTHER SIGNIFICANT CONDITIONS CO	far (a), (b), and (c) ]	chrod David Do  chrod  trap Qu  chrod  trap Qu  chrod  NOT RELATED TO THE TERMIN  D. (Enter noture of injury in Po	Howe slung Late Disease CONDITION	GIVEN IN PART 1(a) 19. V	AL BETWEEN AND DEATH
	OR CONTRIBUTING TO CAUSE OF DEATH	URY OCCURRED 20e. PL	ACE OF INJURY (Home, form,		(County)	(Stale)
	20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 While of work [	Not while for at work	ctory, street, affice bldg., etc.)			
l	21. I certify that I attended the deceased	. []	41, 1960 to M	1ay 7, 196	Othat I last saw	the deceased
	actual SIGNATURE PHYSICIAN'S NAME (Type) John J. Curry	2, and that death Curry	accurred at 11.20 f	M, from the cause DDRESS (Street, sixoor to	s and an the date :	stated abave.  DATE SIGNED  11 5 8
-	BURIAL 5-11-1960	22c. NAME OF CEMETERY O Gale of Hea	ven Cineter	22d. LOCATION (City, fow	aton	(State)
1	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Ovelan	ave 240. REC'D		EGISTRAR'S SIGNATURE	

÷.

VR A15 (4) 15M 9/59

N	٨.	Δ	\ F	?	YI	.1	41	N	D	S	1	1	4	Ţ	E	C	ΞF	>/	٩	R	Ţ	h	И	E	١	11	C	)	F	H	1	E	Α	L	Ţ	H

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

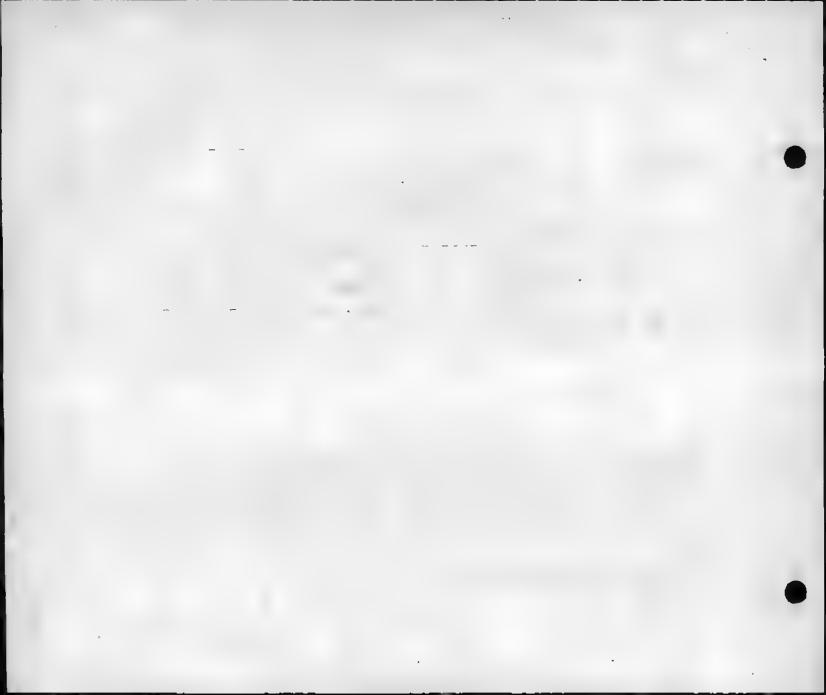
588 CERTIFICATE OF DEATH

	900	32		~~~	<u> </u>				
1, PLACE OF DEATH a. COUNTY	MONT GOMERY		MARYLANI	- 11	USUAL RESIDENCE (Who STATE MARY	LAND	b. COUNTY		GOMERY
B CHY OR TOWN	(If autside carporate limits rearest tawn) R SPRING	write	c. LENGTH OF STAY IN 11	b	c. CITY OR TOWN (IF OR	otside corpora		RAL and give ne	earest tawn)
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital gr ALTHEA-WOOD)	LAND	NURSING HOME	1	d STREET ADDRESS 7404 GLENS	IDE DR	IVE		e IS RES DENCE ON A FARM?, YES NO 1
3. NAME OF DECEASED (Type or print)	LUCY		M ddle CHASE	DE	VEREUX	4. DATE OF DEATH	Manth MAY	9	Pay Year 19 60
FEMALE		7 MARR	D DIVORCED	d	23/74	9	A STATE OF THE STA	F UNDER 1 YFA Manths Days	R IF UNDER 24 HRS Hours Min.
Homemaker	ON (Give kind of work di rking life, even if retired)		kind of Business or in	DUSTRY	II BIRTHPLACE (State of Illinoi	-	ntry)	12 CITIZEN C	.A.
13. FATHER S NAME				14	MOTHER'S MAIDEN N	AME			
Horace G.	Chase				Ellen	M.			
(Yes. no. or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of ser			INFOR	MANT dward C. De	vereux	*	" lenside "n Park	Dr.
CATIC	immediate the under- (c) HER SIGNIFICANT COND	ure	Sendity ONTRIBUTING TO DEATH E	BUT NOT	·	NAL DISEASE (		N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLY NG  G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Manth, Day, Yea		RIBE HOW INJURY OCCUP		of INJURY (Hame, Farm,			15	5 (Fambo)
Hour a m.		While at warl	Nat while		street, affice bldg , etc.		- Jan	(County	r) (State)
saw the slecea		attend	ed the deceased fram	- //	h accurred at P	M, from th	/		that (I) (we) last te stated abave.
	and le dry	Toje	iald	M D.		D RECTOR []	STAFF PHYS.	d	22b DATE SIGNED
2% PHYSICIAN'S	NARU A. F	1729	ERALD		217 Um	repair	5 Blust	E, S.	S., Red.
REMOVAL (Specify	BURIAL 5/12		OLD CEMETE		EMATORY		INTON, NI		(State) SHIRE
24 FUNERAL DIRECTOR	PUMPHREY I	NC 6	ADDRESS SILVER SI	PRIN	C MD	BY REGISTRA		RAR'S SIGNAT	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Items Lowell



with director Poge Filed the funeral should be fi 5 pup fillmd in Pages 1 ē cample papers. certificate be executed pup carbon physician attending PHYSICIAN: The law requires that the death ā certificate has been signed attending physician. burial-transit ö TO FUNERAL DIRECTOR: After th's detached far by the 3 should be

15M 9/58



5024

CERTIFICATE OF DEATH

05897

	<u> </u>	
Ā	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
L	MONTGOMERX MARYLAND	D. C.
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	KensingTon 4 days	WAShINGTON 4
	d NAME OF HOSPITAL (If nat in haspital, give street address)  OR INSTITUTION	d. STREET ADDRESS   6 IS RESIDENCE ON A FARM?
	Kensington GARDENS SAN.	2630 adame mill Rd. Mle. YES - NOX
	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Lydia H.	DO1/150N DEATH 5 / 1960
	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   In the last birthday)  Months   Days   Hours   Min
	F WIDOWED DIVORCED	6/18/72 87 yrs
0	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY
	GOVERNMENT (TREAS. DEDI	Ohio USA
3	PATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edulard Siegfried	KAZAID HANCOCK -
	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 II (Yes, no, or unknown)   (if yes, give wor or dolles of service)	NFORMANT Address
	No Mr	s. Elizabeth Lentz-1015 Stirling Road
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	DIL VOI DEI MIENEN BETWEEN
	PART I DEATH WAS CAUSED BY. (Soughstive	Heart Farluse ONSET AND DEATH
	DUE TO	1 + 2
	(- Price bless	d Weleriosclerosis 572
	gave rise to immediate DUS TO	
	lying cause last (c).	
	B II. OTHER CONTROL CONTROL CONTROL CONTROL TO DESTU BUS	T NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19 WAS AUTOPSY
A .		PERFORMED? YES NO N
E	20% ACCIDENT WAS UNIDERLYING TO 20% DESCRIPE HOW INTERVOCCUERS	ED (Enter nature of injury in Part I or Part II of item 18)
֡	OR CONTRIBUTING I CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State
	Hour a.m. While Not while	ictory, street, affice bldg , etc.)
		Much ex M. 7.10
	21   certify that (1) (this hospital) attended the deceased fram.	
		death accurred at 550M, from the causes and an the date stated above
	220. SIGNATURE	M D ATTENDING MED. STAFF D 5/7/60 SIGNEL
	22c PHYSICIAN'S	M D PHYS DIRECTOR PHYS D
	NAME (Type) APTHUR H. LEWIS	1714 RT And May When when the
_	HA / / / / / / Look	17/1/ 1/2 Active manual/fix &
	30 BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY C	
	Burial 5/10/60 Arington	National Cemetery - Arlington, Va.
	The S.H. Hines Co. 2901. 14th St. N.	W 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
ĺ	Washington D.C.	DATEMAN 9 '80 Critury & Kraus

TO HOSP! OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 safter death. Page 4 may be retained by the hospital or attenting physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenting physician and completely fulled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

E .

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 5925

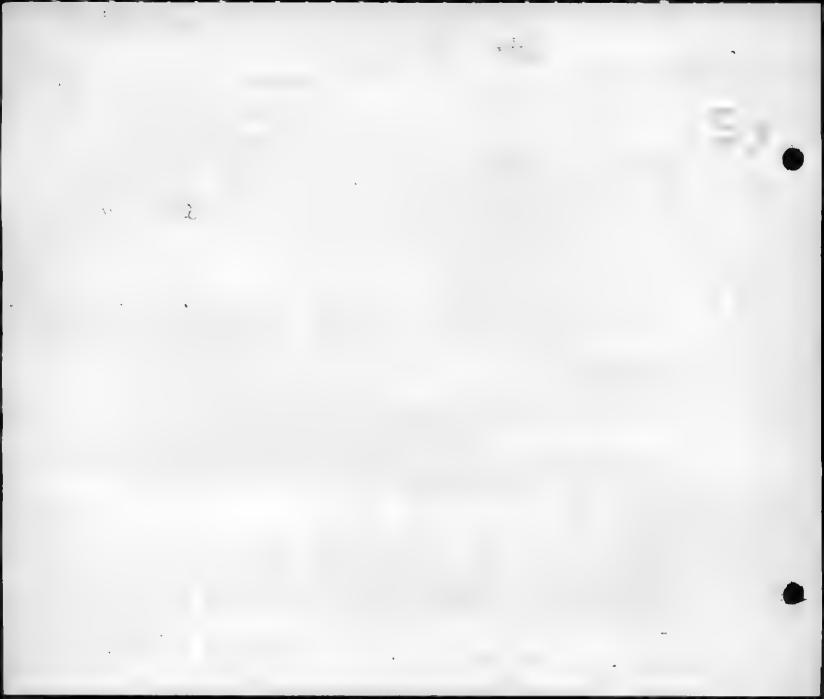
-	_		
	1, #	a COUNTY Ista 4 - 2 4 -	ICE (Where deceased lived If institution. Residence before admission)
		MARYLAND MARYLAND	d. 1101/9011019
	l	RURAL/and give nearest toyh)	VN (If ausside carporate limits, write RURAL and give nearest town)
		d. NAME OF HOSPITAL (V npt in haspital, give street address)  d. STREET ADD	RESS _ / / e IS RESIDENCE
И	1	PORINSTITUTION Cal have	(Salt a) (C) VES NO Z
ě	3. [	3. NAME OF / First / Middle In last	4 DATE Month Doy Year
		(Type or print) Pichald Han Corne	4 DEATH 5 17. 1960
	5 5	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   last birthday)   Manths   Days   Haurs   Min
		MICHOWED DIVORCED 1-23	5 / 67 yrs.
	IUa	To USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIAC during plast of working fife, even if refired)	E (State or foreign county)  12 CITIZEN OF WHAT COUNTRY?
	13	13 FATHER'S NAME / / / / / / / / / / / / / / / / / / /	ATTEN NAME
	1	( 1) / Ff //2821/1 123/1	12 /12/502 /)11/14th
	15.	15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT	Address ( )
	(Yes	(Yes, no or unknown) (If yes, give war or dates of service)	A Doing-Father
4		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH;
		PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE (a) / / abdo 771.40501	Conia. 5 mostis
		DUE TO	no tactacia
		Canditians, if any, which gave rise to immediate (b)	116/43/43/3
		couse (a), stating the under- lying cause ast	Sil, 0 a
	Z		E TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	CATION	CATI	PERFORMED? YES \(\sum \no \overline{\text{NO}}\)
7	CERTIFI	200 ACCIDENT WAS HNDERLYING TO 200 DESCRIPE HOW INVIEW OCCURRED (Fater nature of in	yury in Part I or Part II of item 1B )
3			
	MEDICAL	20c T ME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Har factory, street, affice bl	ne, farm,   20f. (City or town) (Caunty) (State) dg., etc.)
	×	p. m. 19 at work at work	1 10 10 10 10 10 10
		21 I certify that (I) (this hospital) attended the deceased from 17/11	1. 1919 to 11 G G B 19 (21) that (1) (we) last
		saw the deceased alive an ALLULY 1960, and that death accurred a	12. TM, from the couses and an the date stated above
		ATTENDING PHYS	MED DIRECTOR D STAFF DIRECTOR D SIGNED
		22c. PHYSICIAN'S NAME (Type)  72d. ADDRESS	11. 11.17 5 11 2 1 2 1
		Morval La file Mian 2723	MICROLSHUES E MASH. DIC
	23a	23a BURIA., CREMAT ON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)	23d LOCATION (City, town, or county) (State)
	24	Burial 5/14/60 Parklawn Cemetery	Rockville Marykmi
	∠4.	Robert A. Pumphrey Bethesda. Maryland	12 1 2 160 C-11 2 8 House
		Maryland	AIE /





TO HOS	TO NUN	page
VR	A1S	(4)
1S	M 9/	59

_	CERTIFICATE OF DEATH				
M	PLACE OF DEATH a. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived If institut an- Resider b. COUNTY Maryland To b. COUNTY Mon	nce before admission)			
	b CITY OR TOWN (If autside carporate limits, write RURAL and RURAL and give nearest fown)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autside carporate limits, write RURAL and RURAL and Grant Composition)  Bethesda  d. NAME OF HOSPITAT (If not in haspital, give street address)  OR INSTITUTION  OR INSTITUTION	give nearest town)  e. IS RESIDENCE ON A FARM?			
the.	3 NAME OF DECEASED (Type or print)  Sphia  Middle Death Mcel	Day Year 22 19 4 C			
	S. SEX  6. COLOR OR RACE  7. MARR ED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED 7. 86  9 AGE (In years last birth-day)  7.3 715  7.3 715	R 1 YEAR IF JNDER 24 HRS Days Haurs Min. 71 71ZEN OF WHAT COUNTRY?			
)	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASEDEVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  Address	den Rd. Unst			
	18. CAUSE OF DEATH [Enter only one cause per une for (a), (b), and (c) ]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (c)	INTERVAL BETWEEN ONSET AND DEATH			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)  OR CONTRIBUTING TO CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
	Hour a. m.    While   Not while   factory, street, affice bldg., etc.)	(County) (State)			
1	21 I certify that (1) (this haspital) attended the deceased from \$\frac{1}{25}\$. 1940, to \$\frac{5}{22}\$. 1960, and that death accurred at \$\frac{2}{2}\text{PM}\$, from the causes and on the \$\frac{2}{20}\text{ SPC-ATURE}\$  M.D. ATTENDING MED. STAFF. \$\frac{1}{220} PHYS. CIAN'S NAME (Type) ROBERT T. BYER M.D. 1835 CHE ST. N. 1661.	that (I) (we) last the date stated abave.  22b DATE SIGNED  57 2 2/(20)  Erush. (-1), (-2)			
	23a BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county)  Bur-Transit 5/27/60 River Side, Cemetery Gas City, Inc	diana			
	Robert A. Pumphrey Bethesda, Maryland DATE MAY 24 '60 DATE MAY 24'60				



VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5984 CERTIFICATE OF DEATH

05901 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	tgomery	MARYLAND	2. USUAL RESIDENCE (V		COLINITY	idence before ontgome	
	f outside corporate limits, wr	ite c. LENGTH OF STAY IN 16					
77	ascus	vears	02 Dama	SCHS			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give st	reel oddress)	d. STREET ADDRESS		7) 3		S RESIDENCE
5.15	13 Ridge Ro		1, 5,51	3 Ridge	Rd.	Υ	ES NO NO
3. NAME OF DECEASED (Type or print)	first Ernes	Middle	uvall	4. DATE OF DEATH	Month Me.y	26 Doy	Year 19 60
5. SEX		AARRIED X NEVER MARRIED		9. AG	E (In years IF UN		UNDER 24 HRS.
Male		OWED DIVORCED			76 yrs Mont	hs Doys H	lours Min
10a. USUAL OCCUPATIO	ON (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Sto	te or foreign country)	12.	CITIZEN OF W	HAT COUNTRY?
Farmer  13. FATHER'S NAME		Own farm	Woodfie			USA	
	N 70 00						
	M. Duvall		Augusta	Penn			
S WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	HYPOTEMBER		Address		
No		215-24-7360M	rs Mamie A.	Duvall.	27213	Ridge	Rd.
Conditions, if o gove rise to i couse (o), stoting lying couse lost.  PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY]	the <u>under-</u> DUE TO (c)	NS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN	- '	PERFORMED?
O ACCIDENT IN	C Ultiment visite ET   20%	DESCRIBE HOW INVIDEN OCCUR	DED /Cores patros of follows:	- Bart Los Post II of :	tom 181		ES   NO
	CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	KED. (Enter horure or injury i	n Portion Portii ori	rem 10.j		
20c. TIME OF INJUR Hour o. m. p. m.	w		PLACE OF INJURY (Home, fo foctory, street, office bldg., e		/n)	(County)	(Stote)
alive on_	at liattended the dec	1	th accurred at 5P.  M.D. Lay	V 1 V / -			
ACTUAL SIGNATURE	James P.	Kerr					
PHYSICIAN'S NAME (Type)	N, 22b. DATE THEREOF	Z2c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (	City, town, or coun		(Stole)
PHYSICIAN'S NAME (Type)		22c. NAME OF CEMETERY			City, town, or coun	**	(Stole)



02000

Cithing & Krous

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

5886	CERTIFICA	TE OF DEATH	MORE I, MARIEAND	00302
HACE OF DEATH MONTGOMERY	MARYLAND	2 USUAL RESIDENCE (WHO STATE MARY)		on Residence before admission) MONTGOMERY
b CTY OR TOWN (If outside corporate limits, wring RURAL and give nearest tawn) SILVER SPRING	c. LENGTH OF STAY IN 16	7.3	outside corporate limits, write R	tURAL and give nearest lown)
d NAME OF HOSP TAL (If not in hospito, give short NAME OF INSTITUTION 1522 Live Oak	Drive	d. STREET ADDRESS 1522 Live	Oak Drive	e IS RESIDENCE ON A FARM YES NO
3 NAME OF First DECEASED (Type or print) EMILY H.	Middle EADER	Lost	4. DATE Mor	
	MARRIED MEVER MARRIED DIVORCED DIVORCED	0 DATE OF BIRTH	9. AGE (In years lost birthday) 62 yts.	Months Doys Hours Min
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)     Homemaker	106. KIND OF BUSINESS OR INDUS  Own home	Austr	ia	12. CITIZEN OF WHAT COUNTED
Charles Russell		Julia	Makre	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yet, no, or unknown)  (I yes, give war or dates of tervice)		. Jesse M. Ea	Add der, 1522 Live	oak Dr.
Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying cause last.  Conditions, if ony, which (b) A  DUE TO  Lying cause last.	etastatic carcin	rotid	Silver Sp	3 months
PART II. OTHER SIGNIFICANT CONDITION  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  URLE FITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE			VEN IN PART (G)  IF. WAS AUTON  PERFORMED?  YES NO [
20c TIME OF INJURY Month, Day, Year 20 Hour a.m.	hile Nat while wark of work	ACE OF INJURY (Home, form stary, street, affice bldg., etc	n, 20f. (City or town)	(County) (Sta
21 I certify that (I) (this hospital) att spiw the deceased alive an May 220 GNATURE  222 PHYSICIAN S NAME (Type)ERNEST A. GOIL	20 19_60, and that s	ATTENDING M. D. PHYS DI		19.60, that (I) (we) to and an the date stated above 22b DATE SIGN SIGN SIGN SIGN SIGN BATTERS AND ADDRESS OF THE STATE OF
230. BURIAL, CREMATION 23b. DATE THEREOF 5/24/60	23c NAME OF CEMETERY OF GATE, OF HEAVI	R CREMATORY EN CEMETERY	23d LOCATION (City town, MONTGOMERY C	or county], MD. (State)
24 EJALERAL DIRECTOR'S SIGNALIRE	C. SILVER SPRII	NG, MD. 250. REC		STRAR'S SIGNATURE



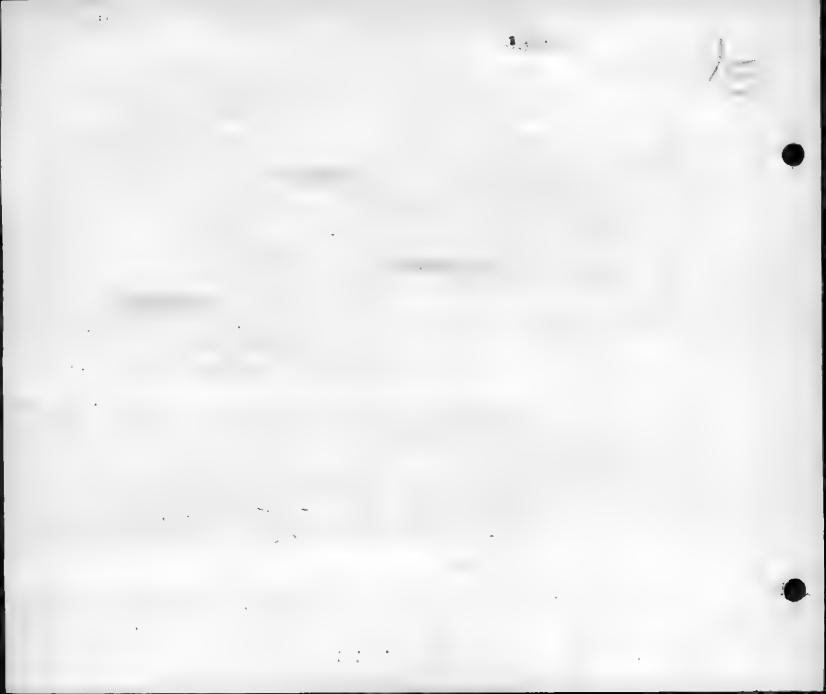
	5904 CERTIFICATE OF DEATH
V	1. PLACE OF DEATH.  O COUNTY 10 NT 6 OMER 4 MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  b. COUNTY 10 NT 6 OMER 4 MARYLAND  O STATE  O STATE  O STATE  O NT 6 OMER 4 MARYLAND
	b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town)  RURAL and give neorest town)  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  3 NAME OF DECEASED  (Type or print)  5 SEX  6. COLOR OR RACE  7 MARRIED TO NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED TOWN (If outside corporate limits, write RURAL and give nearest town)  A C C C C C C C C C C C C C C C C C C
l.	3 FATHER'S NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  (If yes, gave wor or dofes of service)  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  INTERVAL BETWEEN ONS TANDODE ATH
7	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying cause lost.  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS ALTOPSY PERFORMED?  YES NO DECONTRIBUTING CAUSE OF DEATH  20a. ACC DENT WAS UNDERLYING DOBERTY TO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
	County)  Clif EITHER, NOTIFY MEDICAL EXAMINER)  Control of Miller of work of w
Í	21 I certify that (I) (this hospital) attended the deceased from Dec. 15. 16 4/10 / May 29 1960 that (I) (we) last saw the deceased alive on May 29 1960 and that death accurred by M. from the causes and on the date stated abave.  220 SIGNATURE  M.D. ATTENDING   MED   DIRECTOR   STAFF   SIGNED  220. PHYSICIAN'S   MAME (Type)   John J. Curry   60.60 Gloring for SIAFF   SIAFF   SIGNED
-	230 BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY Suitland, Md. (State)
	24 FUNERAL DIRECTOR'S S GNATURE The S.H. Hines Co. Washington 9, D.C. Date MAY 31'60  Cullum S. Huma

s ofter death Page 4

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Its ofter death Page 4 may be, around by the hospital or attending physician.

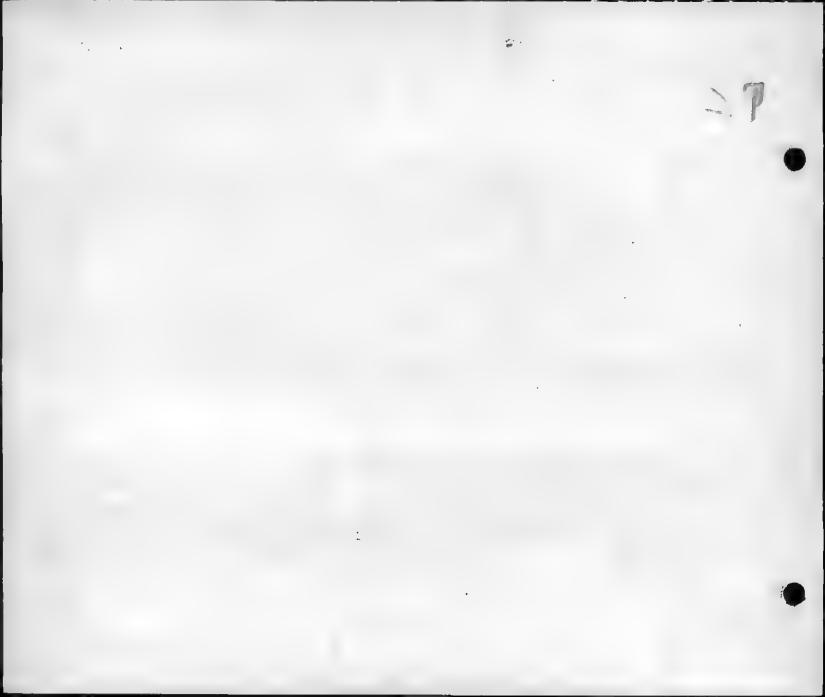
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and camp etely filled in by the funeral director, page 3 shauld be detoched far use as the burial-transit permit. Then please remare carban papers. Pages 1 and 2 should be fixed with the State Board at Health priar to burial, cremation, ar remarkal, and in ony event, within 72 hours after death.

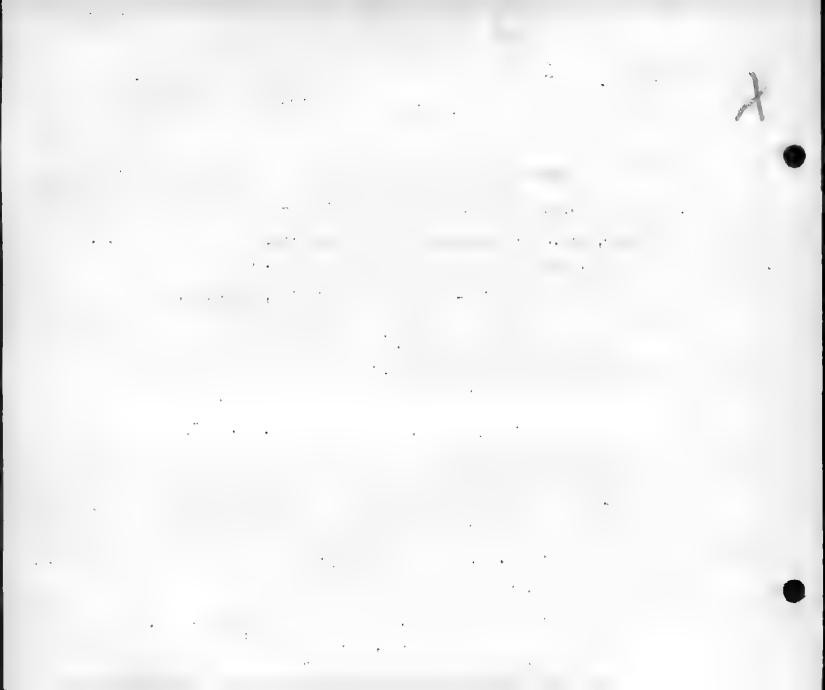
VR A15 (4) 15M 9/59



s after deoth. Page 4

	PLACE OF DEATH COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY MONTEOMERY					
	b. CITY OR TOWN (If out de corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest town)	c CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)					
Kensington SILVER SPRING							
1	d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?					
	KENSINGTON GARDENS NURSING HOME	138 RED OAK DRIVE YES NOT					
	3. NAME OF DECEASED (Type or print) Annie Middle	To Chay Last Way 27 19 60					
	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9 AGE (In years It UNDER 1 YEAR IF JNDER 24 HRS.    Months   Days   Hours   Min					
	FEMALE WHITE WIDOWED DIVORCED	Nov. 72,1887 lost birthday Months Days Hours Min.					
	10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDL during most of working life, even if retired)	JSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?					
	doing host of working life, even if telrisor)	RUSSIA N. J-U.					
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME					
	ISRAEL LUSTGARTEN	SOPH(A					
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.1	INFORMANT Address					
	(198, NO, OF UNENDOWN)   [17 yes, give war or dates of services]	LOSPITAL RECORDS					
1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (6) LOBAT PNOU	monia, rTlung 4day					
	9UE-TO						
1	Conditions, if ony, which) (506,6001200	- Hrterio-sclerosis Wilchemmer					
	gove rise to immediate	11/1-					
	couse (a), stating the under ying cause lost. (c) Corc bro - Sc	clorosis unal lomina					
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?					
-	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	YES NO					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part I ar Part II of item 18.)					
	3 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e P	LACE OF INJURY (Home, farm, 20f (City or town) (County) (State					
	20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e P While Nat while of work of work	octory, street, office bldg , etc )					
Ì	21 I certify that (I) (this haspital) attended the deceased from.	Jan 1 1957 to Villary 27, 1960 that (1) (we) las					
	saw the deceased alive an Mar 27 19 60, and that	death accurred at 45 PM, from the causes and an the date stated above					
	220 SIGNATURE	22b DATE					
M.D. PHYS DIRECTOR DIRECTOR PHYS DIRECTOR 27							
	23a BUR AL CREMATION 23b DATE THEREOF . 23c NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, lown, or county) [State]					
		RUTHERHOOD CEON WOODBINE N.J					
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE					
	B. Housenaty 8 tons 3541-14 Bt.	DATE JUN 1 '60 Chilling & thouse					





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5987 CERTIFICATE OF DEATH Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery STREET, SQUARE, Mont come ru b. CITY OR TOWN (If guiside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give negrest town? Bethesda 29 days Rethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM 5818 Sonoma Road Resmor-5721 Grosvenor "ane YES NO First Middle 4. DATE Month Day Year Pay James Alovaious Flanagan DEATH 160 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthday) B. DATE OF BIRTH FUNDER LYEAR IF UNDER 24 HRS Whi te Months Days Hours June 15, 1876 WIDOWED TA DIVORCED [7] Ø

Chicago

14 MOTHER'S MAIDEN NAME

17. INFORMANT

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY

20e. PLACE OF INJURY (Home, form,

factory, street, office bldg , etc.)

20b. DESCRIBE HOW INJURY/OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

and that death occurred at 4.1

Mary WHelens Dundon

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

unul

PERFORMED?

YES NO D

(State)

DATE SIGNED

(Stote)

U.S.

(County)

1960, that I last saw the deceased

15AM, from the causes and on the date stated above.

24b. REGISTRAR'S &IGNATURE

Address

Mrs. Maryhelien Black. 5818 Sonoma Road. Beth. Md.

20f. (City or town)

22d

240. REC'D BY REGISTRAR

DATEMAY 1.0 '60

ADDRESS (Street, city or town, state)

LOCATION (City, town, or county)

10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired)

retired

20d. INJURY OCCURRED

Not while

MGL

22c. NAME OF CEMETERY OR CREMATORY

of work

Michael Flannigan

WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.

PART I. DEATH WAS CAUSED BY:

CAUSE OF DEATH [Enter only one cause per lipe for (o), (b), and (c).

DUE TO

DUE TO

Day,

21. I certify that I attended the deceased from

22b. DATE THEREOF

Year

19

White

of work

fb1

Flanas nilst name unknown

with I director, filed with Page funeral pe plants 22 and Filled Pages death. and carban physician remove haurs 2 attending ease within. Ť ģ A UD gned ě and burial-transit removal. attending phy certificate ŝ USe haspital burial. detached DIRECTOR P should registrar FUNERAL m poge 0

requires that the

death.

PLACE OF DEATH

OR INSTITUTION

Accountant

Conditions, if any, which

gove rise to immediate

cause (a), stating the under-

20c. TIME OF INJURY Month.

0. 11.

in m

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

lying couse lost

alive on

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

220. BURIAL, CREMATION.

TREMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

CATION

o. COUNTY

NAME OF

S SEX

DECEASED

(Type or print)

13. FATHER'S NAME

MAKK DWn





TO HOSPI

VR A15 (4) 15M 9/59

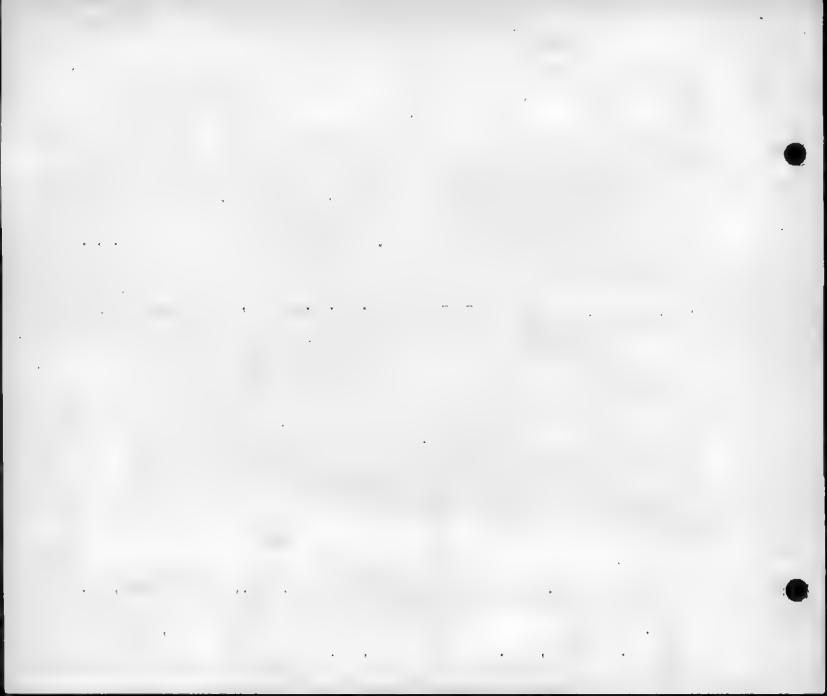
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

FOOD

05909

U.S.	03	GERTIN IO	ALL OF DUATE		
1. PLACE OF DEATH MONTGOME!	RΥ	MARYLAN	C STATE SALE	here deceased lived. If instit	ution: Residence before admission) TY MONTGOMERY
b CITY OR TOWN (If outs de corpo RURAL and give negrest town) BE IHESDA	rote limits, write	ENGTH OF STAY IN 1		outside corporate limits, write FER SPRING	e RURAL and give nearest town)
d NAME OF HOSPITAL (IF not in his OR INSTITUT ON SUBURBAN HOSI		address)	d STREET ADDRESS 734 EASLEY	STREET	IS RESIDENCE     ON A FARMS     YES    NO
3. NAME OF DECEASED (Type or print) M.	First NRY	Middle ELLEN	FRANKE	4. DATE OF MATE	Nonth Day Year Y 15 19 60
S SEX 6. COLOR O WHITE	***************************************	DIVORCED	8. DATE OF BIRTH 1/29/85	9 AGE (In year 75 birthdoy	rs IF UNDER 1 YEAR IF UNDER 24 HR (1) Months Days Hours Min
100 USUAL OCCUPATION (Give kind during most of working life, even Saleslady (retire		KIND OF BUSINESS OR IN eal Estate Co		or foreign country)	12 CITIZEN OF WHAT COUNTRY U.S.A.
JOHN HENRY LEE			MARY ELLE		
15 WAS DECEASED EVER IN U S ARM 14'es no or unknown) [15 yes, give war or NO	dates of service)		Mrs. Wm. J. Gol		Mering, Maryland nchester Road
200 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING   CAUSE OF UT FITHER, NOTIFY MEDICAL EXA	DUE TO  (b)  DUE TO  (c)  NT CONDIT ONS C  (G)  DEATH 206. DESC	Coronaly Contributing to DEATH minary &	and Defenction  Confirmation  Therese and the term  Confirmation of th	due to close syl inal disease condition of	12 Coca 12 Coca 1-2 1Paca GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES NO [
Y 20c TIME OF INJURY Month, I	While	NOT While of work	PLACE OF INJURY (Home, forr factory, street, affice bldg., etc		(County) (Stok
	a. Re	5-1960, and the	M D PHYS D		ond an the date stated above  22b.DATE SIGNE  5/16/6  Spring, Md.
230 BURIAL, CREMATION 236 DATE TRANS. & BURIAL	THEREOF 5/17/60	23c NAME OF CEMETER		23d LOCATION (City, fow KANSAS CIT)	
24. FUNERAL DIRECTOR'S SIGNATURE WARNER E BUMPINE	Y,-INC.	SILVER SPR	FNC MD	_	GISTRAR'S SIGNATURE



2901 Adorsh St. N.W.

Washington 9, D.C.

Cedar Hill Cemetery Suitland.

24g REC'D BY REGISTRAR

DATE MAY 1 9 '60

05910

untrometu

Days

(County)

24b. REGISTRAR'S SIGNATURE

Chillian S. Kines

e. IS RESIDENCE

ON A FARM?

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES TO NO TO

> > (Stole)

(Stole)

12 CITIZEN OF WHAT COUNTRY

U.S.A.

death. TO FUNERAL page

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Hines Co.

## FOR STATE HEALTH DEPT

Lebical Examiner. This certificate should be executed within 2t hours after death. If any draws after death, and 3 to the first director. Page certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the first director. Page vid be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files refer to letter to be seed as a burial-transit permit. File agges 1 and 2 with the State Baard of Health, designated agent, prior to burial, crematian, ar removal, and in any eyent within 72 hours ofter death

TO DEPUT execute 4 should TO FUNER	ar its de					
VS. ATSME						
5M 2/57						

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5991MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist No.

05911

	). P	LACE OF DEATH	Montgomery	MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institut on Residence before odm ssion)  a STATE Maryland b. COUNTY Montg.				
	b	and give regrest low	if outside corporate I mile, we to RURAL MI 165da	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Potomac				
	d	L NAME OF HOSPI	TAL OR INSTITUTION (If not it	hospital, give street address)	ad STREET ADDRESS		e IS RES DENCE		
		Suburt	oan Hos p.		10712 B	urbank Rd.	YES NO		
	I	NAME OF DECEASED Type or print)	Joseph Hami	Galdaler lton Galdage 11	1	DEATH May 24 1960	Day Year		
	5. 5	ex male	n - 1 - 2 - 1 - 1	ARRIED NEVER MARRIED B	4 4 "	9 AGE (In years   IFUNDER	Days Hours Min.		
		Mere	white wind	OWED DIVORCED	5/19/1949	11 yn			
	10a d	uring most of works	ng I fe, even if retired)	Ob KIND OF BUSINESS OR INDUST	RY II BIRTHPLACE (Stote	or foreign country)   12 CII	LIISA		
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	-954		
			H. Galliher J		Mildr	ed Grove			
		WAS DECEASED EN	/ER IN U. S ARMED FORCES? (If yes, give was ar dates of service)	16 SOCIAL SECURITY NO 17 #	FORMANT	Address 1 77 C - 3 3 5 3 cm - 3	7m		
		No		None	Father-Jose	eph H Galliher,	Jr. same Zu		
	WEDICAL CERTIFICATION	Conditions, if Gove rise to imme (a), stating the cause lest.  PART II. OT	DUE TO  DUE TO  (b)  DUE TO  (c)  St  HER SIGNIFICANT CONDITION  Fracture of le  USE WAS  NITRIBUTING   Str  IRY Month, Day, Year   2	Left subdural her ruck by automwhits contributing to Death But with ft femur cribe how indury occurred (E white hold, indury occurred to the white hold, indury occurred to foct white hold	matoma  le riding bid  not related to the terms  le riding bid  ce of INDURY (Home, form  bry, street, office bldg, etc.	INAL DISEASE CONDITION GIVEN IN PAI It for Part II of Hem 18.) CYCLE 1. 201 (City or town) (Ce	PERFORMED? YES NO NO		
	W	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .							
,		EVALUATION	rank J. Brosch		ASSISTANT MEDICAL EX DEPUTY MEDICAL I	AL EXAMINER 5/267	DATE SIGNED		
100		BURIAL CREMAT	5/27/60	Potomac Ch	Cem.	77d LOCATION (City, fown, or county) Potomac, Maryl	(Stote)		
	· .	Robert A	A. Pumphrey	Bethesda, Mar		D BY REGISTRAR'S SI			
		and the same of th							



05912

5000 CERTIFICATE OF DEATH

_	0004									
	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who District of			n- Residence b	efore odmis	ision)		
	Montgomery						W.			
	b CTY OR TOWN (If outside corporate limits, write RURAL and give represt town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corpora	ite limits, write RU	RAL ond give	nearest taw	m)		
	Bethesda (Rural)	38 days	Washington			7				
	d NAME OF HOSPITAL (If not in hospito), give street or INSTITUTION	oddress)	d. STREET ADDRESS					S DENCE		
	U. S. Naval Hospital		3700 Massac	husett	s Ave.,	N.W.	YES [	NO 🔀		
3.	NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	1	Day	Year		
	(Type or print) Philip	Ignatius	GANNON	DEATH	May		Lì	1960		
5	SEX 6 COLOR OR RACE 7 MARR	IED 🔀 NEVER MARRIED 🔲	B. DATE OF BIRTH	9		Months Day				
M	ale Caucasian WIDOWE	D DIVORCED	7-30-95		64 yrs		110013	1417(1)		
100	L. USLAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	ar fareigh cou	ntry)	12 CITIZEN	OF WHAT	COUNTRY		
		. S. Navy	Washingt	on, D.	C.	U.S.	.A.			
13.	FATHER'S NAME		14. MOTHER S MAIDEN N	IAME						
	Timothy Gannon		Anna Hunte	r						
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 IN	FORMANT		Addre	11.5				
Ľ	yes 1915 to 1945	(W	)Mrs. Alice D	. Gann	on, same	as #2	above	2		
	1B CAUSE OF DEATH [Enter only sine cause per lis	ne for (o), (b), and (c) ]					NTERVAL B			
	PART I DEATH WAS CAUSED BY: Carcinomatosis									
	DUE TO	arcinoma of	11 D. 11	601						
	Conditions, if ony, (which ) (b)	arcinoma of	the Mostar	L6 THOIG	MORRACHIA	mo.)				
	couse (a), stating the under-									
	lying couse last. (c)									
Z O	PART H. OTHER S GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1(o	) 19 WAS	AUTOPSY ORMED?		
CERTIFICATION	Aderocancinama	- of the color	n (annulan l	esion				NO 🗆		
TIF	200 ACCIDENT WAS UNDERLYING   206 DESCOR CONTRIBUTING   CAUSE OF DEATH	TRIBE HOW INJURY OCCURRED	). (Enter nature of injury in I	Port I or Port I	It of item 18.)					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)									
SAL			CE OF INJURY IHome, form		or town)	(Caun	ty)	(State		
MEDICAL	Hour a.m. While of wor	_ HOLWINE_	tory, street, office bldg., etc.	1						
	21 I certify that (I) (this hospital) attend	led the deceased from	April 3 10	60 ta M	ay 11	10 60	that (I)	Intat las		
	saw the deceased affive an May 10			Sm.	ha anuar ana					
	220 SIGNATURE	17QQ , and that a	edin dicorred di Ta	ph, fruin ti	ne causes and	an ine at		2b DATE		
	Calo Florad	Ulmain .	M D PHYS W DI	ED CTOR []	STAFF	1		5 GNEC		
	22c PHYSICIAN'S	Elchero ,	22d. ADDRESS	RECTOR L	PHYS L		5-11-0	JQ		
	NAME (Type) John Wood DAVIS	LT, MC, USN	U. S. Nav	al Hos	pital, B	ethesda	a, Md			
22	BURIAL CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY O			ON (City, town, or		(Sto			
1	REMOVAL (Specify)	A D A D CEMETERT O	I I I	A Z. A	, iomi, o		,	11e)		

Arlington National

Pa. Ave., NW, WashDC

Arlington

250 REC'D BY REGISTRAR

DATEMAY 1 3 '60

Virginia

256 REG STRAR'S SIGNATURE

Orthur S. Krous

may be remained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be fired with the State Board at Health priar ta burial, arematian, ar remayal, and in any event, within 72 haurs offer death. ar remayal, and in any event,

rs after death Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

VR A15 (4) 15M 9/59

Burial



ADDRESS

Bethesda, Maryland

240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

Critica S. Hurse

DATMAY 2 7 '60

certificate ba exacuted lleoth ( lay be retained by the FUNEIIAL DIRICTOR:

쁜 **VS AIS (4)** 15M 9/58

23 FUNERAL DIRECTOR'S SIGNATURE

Pumphrey



5994 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

05914

	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, If institution, Residen	ce before admission)
	Montgomery MARYLAND	o. STATE Matyland b. COUNTY Mo	ntgomety
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outs de corporate limits, write RURAL and	give nedrest tawn)
1	Bethesa 2 months	Rockville	
	d NAME OF HOSPITAL (If not in hospital, give street address) OR NSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
	Congressional Manor San.	1 6016 Roseland Lane	YES NO IN
	B. NAME OF First Middle DECEASED	Lost 4. DATE Month	Day Year
	(Type or print) Agnes sabelle	Gyay DEATH 5	1 1960
	6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER lost birthdoy) Months	Days Hours Min
	Temale white WIDOWED - DIVORCED	July 13, 1879 80 yrs.	Days Hours Min
	USUAL OCCEPATION (Give kind of work done during most, of working life, even if retired)	JSTRY IT BIRTHPLACE (State or fareign country)	ZEN OF WHAT COUNTRY?
	Homemaker	District of Columbia	4.8.4.
	3 FATHER'S NAME 9 0	14. MOTHER'S MAIDEN NAME	
	gach. Wonaldson	daura Hagen	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (15 yes. give war or dates of service)	INFORMANT PAddress	a Clockville
	no no	anold 6. Shay - 6016 Joselando	lane, Md.
	18. CAUSE OF DEATH [Enter only one cause ply line for (d), (b), and (c) ]	0	INTERVAL BETWEEN ONSET AND DEATH
Ī	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)		
-	DUE TO (VOLALIA MAR)		(X190YOX
1	Conditions, if ony, which ) (b) (b)	0815	111
-	cause (a), stoting the under-	340) NOUIA	2 412.
1	lying couse lost. (c)	waterway,	
1	PART II OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT	NO RELATED TO THE TERM HALD SEASE CONDITION GIVEN IN PAR	PERFORMED?
	20- ACCIDENT WAS SINGLE TO THE DESCRIPT HOW IN HUR OCCUPANT	ED. (Enter nature of injury in Part or Part II of item 18)	YES NO Y
	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER]	CU. (carer nature of Injury in real of Fort it of Herri 100)	
1	- · · · · · · · · · · · · · · · · · · ·	LACE OF INJURY (Home, form, 20F (City ar town)	County) (State)
-	Mour o. m.  While Not while of work of work	es il	
	21. I certify that I attended the deceased from.	- 19 3/ to May 1009that 1 la	ist sow the deceased
1	olive an May 1, 19 00:, and that death	h occurred at AMOM from the couses and on the	e date stated above.
1		ADDRESS (Street, city or lown, state)	DATE SIGNED
	SIGNATURE CONTROLL IN CONTROL IN CONTR	MD ATOR EDST WEST HWAL	11, 5/11/a
	PHYSICIAN'S BEONDE A. BRAYER	10 Bethesla 14 M	2- 1
	BURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO. Mt. Olivet		G. (Stofe)
1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE
	Robert A. Pumphrey Bethesda, M.	aryland DATE MAY 4 '60 cinhar &	. Huma

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and came letely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. OR ATTENDING MYSEIAN: The law requires that the death certificate be executed within 2 VS A15 (4) 15M 9/SB

s after death. Page 4



VS A15 (4) 15M 10/57

## **CERTIFICATE OF DEATH**

07064 Reg. Dist. No.

1.	PLACE OF DEATH					2. USUAL RESIDENCE (W	here decease	d lived. If instituti	an: Residenc	e before	odmiss	an)
-	Maryland Maryland					North Carolina						
	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)					c CITY OR TOWN (If	autside corpo	orate limits, write R	URAL and g	ive negre	est lawn	)
	Bethesda	·		28 days	- 1	Spindale		**	<i>**</i>		y 101	
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital,	give stree	oddress)		d. STREET ADDRESS		*		e.	IS RESI	DENCE
				thesda ll.	Md.	209 Power	Stree	et				FARM?
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Man	lh	Day	1	reor .
L	(Type or print)	M	ary	Inci	le	Grose	OF DEATH	Ma	v	20	5 1	960
5.	SEX	6 COLOR OR RACE	7. MAI	RRIED   NEVER MARRIE	ED 🔲 8.	DATE OF BIRTH		9 AGE (In years	IF UNDER	YEAR II	_	
	Female	White	WIDOV			March 27.	1902	lost birthdoy) 58 yrs.	Months	Doys	Hours	Ma
10	USUAL OCCUPAT O	N (Give kind of work	done 10b	. KIND OF BUSINESS O	R INDUST	TY 11. BIRTHPLACE (State	ar foreign c	ountry)	12 CITI	ZEN OF	WHAT	COUNTRY
	Textile We	orker	"	Textile		North	Carol	ina		II.S	5.A.	
13.	FATHER'S NAME					14 MOTHER'S MAIDEN		100		0 81	2 017 0	
	Henry C.	Carson, Sr				Hattie We	11e					
15	WAS DECEASED EVER	IN U S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17. INF	ORMANT The Me	dical	Recond Add	ress			
,	No	yes, give wor or ooies or :		237-34-1567		Clinical C				Man	-lan	٦
		TH   Enter only one co		line far (a), (b), and (c)	1	OTTITUET OF	GILDEL	<u> pe clieso</u>	1.1.1.4	Marz		
	PART I. DEATH WAS CAUSED BY: Gardio - Respiratory Failure									ONSET AND DEATH		
		DUE TO		a14.10 - 1165	PATER	ory rankure					\$0 II	· Jul S
	Condition if									4 Months		the
	gave rise to im	mediate (		cube Myerogi	enous	Leukemia				- 4	LIOII	UIS
	lying couse last.											
z		FR SIGNIFICANT CON		CONTRIBUTING TO DEA	THE PUT N	OT RELATED TO THE TERM	INIAL DIFFAR	F COLUMNIA LOW			h/11.0.0	
PT4	1	in stortilless it copy	01110113	CONTRIBUTING TO DEA	VIII DOI IN	OF RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	EN IN PART		PERFOR	RME D?
FIC	200 ACCIDENT WAS	LINDERLYING FT	20b DE	SCORE HOW INTEREST	CUIDDED	(F-)	D I D	4 14 - 5 14 PM 1			res 🔀	NO 🗌
L CERTIFICATION	OR CONTRIBUTING (	CAUSE OF DEATH	200. 00.	2CKIBE HOW 1NJUK! OC	CORRED.	(Enter nature af injury in	Pari I ar Pari	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour e. m.	Month, Day, Ye		INJURY OCCURRED	20e. PLAC	E OF INJURY (Hame, farm	n, 20f. (City	or town)	(Co	ounly)		(Slate)
ME	p. m.	19	While at wa	Nat while		ys arrest, attract bruge, are						
	21. I certify the	at I attended the	decea	sed from April	28	19 60 to Ma	y 26	1960	that I le	*** ****	e than	· · · · · · · · · · · · · · · · · · ·
	alive on May	26	. 19		death a	ccurred at 10:15	a M from	n the course of	and me th	a dete	-Andre	aeteusei
				7	deam d	corred di.	ADDRESS (SI	reel, city or town,	na on m	e date		a above
	ACTUAL SIGNATURE	La bolance	-	7 1		The Clinic				5-2	26-6	
		The court		W. TW		National			Jool+h	-		
	PHYSICIAN'S NAME (Type)	HAROLD J.	FALL	ON, M.D.		Bethesda			ICAL UII			
220	SURIAL, CREMATION	22b. DATE THEREC	F	22c NAME OF CEME	TERY OR (			TION (City, town, o				
	REMOVAL (Specify)	5-28-1		RP,	ton	/					(State	1
23	FUNERAL DIRECTOR'S		700	ADDRESS	010	24g PEC'	D BY REGIST	Perford	TRAR'S SIGI	VA VIDE		
1	Yanno I	Kelsin	30		ty.				the S. F			
بنبا	21,7/00	30 Canno	Α		~ 7	DATEST	F B D	7 6	the standard	LE JOULEAN		

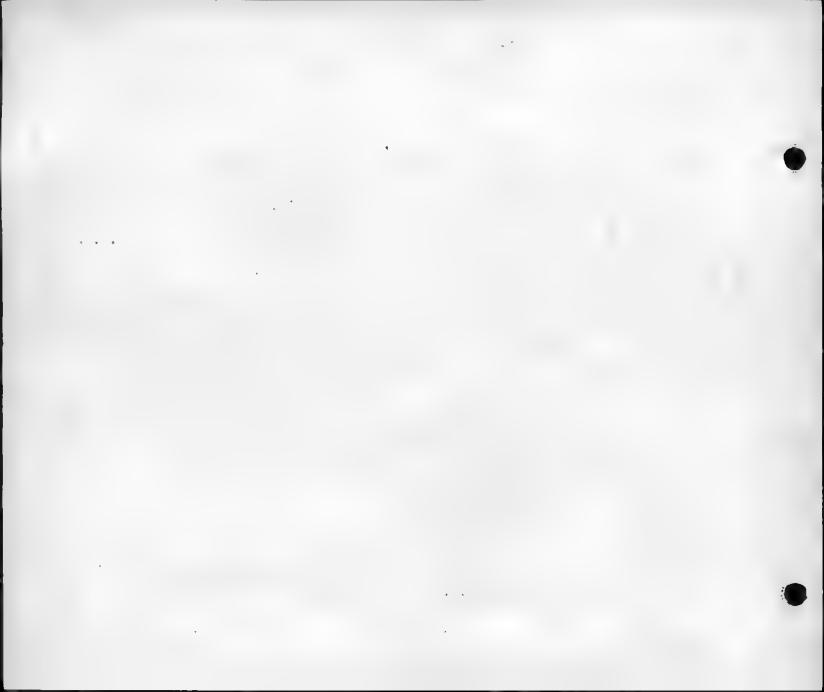


VS A1S (4) 15M 9/58 2

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18	05915
5996	CERTIFICATE	OF DEATH		Dist No

N

										1108. 010				
1,	PLACE OF DEATH o. COUNTY Montgomery	7		MARYL	AND	2 USUAL RESID 5. STATE Maryla		ere deceased live	L COUNTY Saint			e admiss	i-on)	
				c. LENGTH OF STAY IN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to							1)		
	Bethesda			30 days	Great Mills /8X-									
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS e. 15						IDENCE FARM?		
		al Center.	Bet	hesda 14, M	a.	No str	eet, a	ddress					NO IXI	
3	NAME OF	Fir		Middle		Last		4. DATE	Mor	nth	Day		Yeor	
	DECEASED (Type or print)	Anita		Beatrice		Guy		of DEATH May			4 19 60		19 60	
S.	SEX 6 COLOR OR RACE 7.		7. MARI	MARRIED NEVER MARRIED		8. DATE OF BIRTH		9. A	GE (In years			IF UNDI	ER 24 HRS	
	Female	White	WIDOW			Septembe	r 11.	1907	2 yrs	Months	Days	Hours	Min	
10	O USJA, OCCUPATION (Give kind of work done; 10b, KIND OF BUSINESS OR INDUSTRY 1), 8/RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO										OUNTRY			
	during most of working life, even if retired) Housewife			None	Maryland U.S.A.									
13	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME													
	Perry Abell Sarah							on						
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.   INFORMANT The Medical Record Address													
1"	No or unknown) (If yes, give wor or dotes of service) None The Clinical Center, Bethesda 14, Maryland											d		
桂	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), 1												TWEEN	
	PART DEATH WAS CAUSED BY											T AND	DEATH	
	420 DUE TO													
	Condition to and other >													
	gove rise to immediate Dusta													
	Couse (a), stating the under-													
Z	PART   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?													
CAT	Epidermoid Carcinoma of Tongue												NO 🗌	
CERTIFICATION														
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Month, Doy, Year PLACE OF INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED Year PLACE OF INJURY (Home, form, 20f (City or town) (County) (Slate) foctory, street, office bldg., etc.)													
	21. I certify that I attended the deceased from April 4 , 19 60, to May 4 1960, that I last saw the deceased													
	alive an May 4, 1960, and that death occurred at 11:10PM, from the causes and an the date stated above													
	ADDRESS (Street, city or lown, stole) DATE SIGNE													
	SIGNATURE Lordon (- Thospe M.D. The Clinical Center May 5, 1960													
	PHYSICIAN'S GORDON C. SHARP, M.D.  National Institutes of Health Betless 14, Maryland													
22	BURIAL, CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county								or county)		(Stot	'e)		
	Burial 5/7/60			St. Jose	St. Joseph			Morganza,					Md.	
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTRAR		STRAR'S SIC	SNATUR	E		
W	W. Clarke Mattingley Leonardtown, Maryland						DATE MAY 1 0 '60 Cirllus S. House							



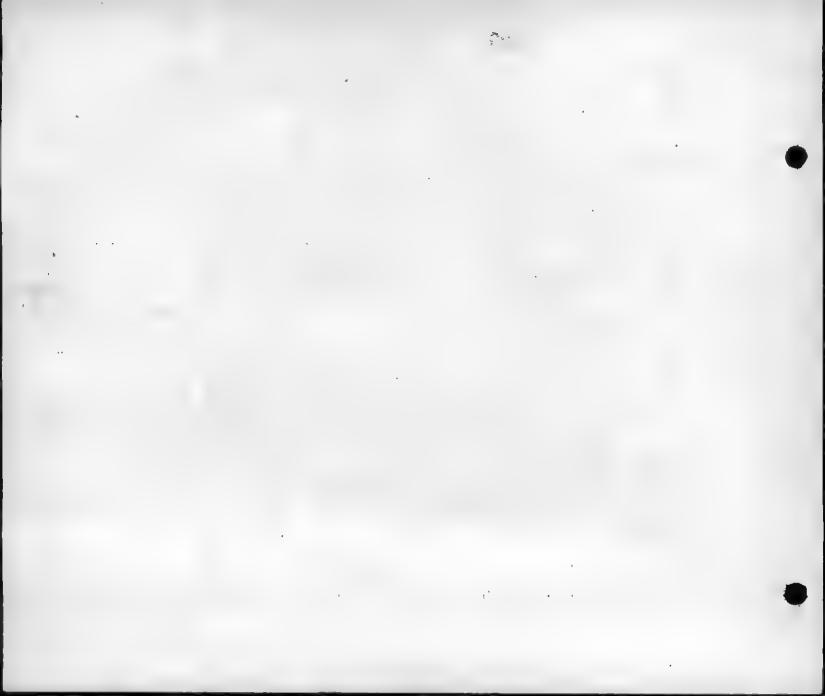
CERTIFICATE OF BEATU

05916

		J. O.	937	CEKTIFI	CAILOF	DEATH			, 0	V — V			
1	Montgomer	у		MARYLI	II a STAT	residence (who inia	ere deceased	lived If institute b. COUNTY		before admissi	ion)		
	b CITY OR TOWN (if outs de corporate limits, write RURA, and give negres! town)  Bethesda (Rural)  22 days					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Quantico							
a NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION U. S. Naval Hospital						d. STREET ADDRESS Qtrs. 2795-D. Marine Corps Schools YES NO N							
3 NAME OF First DECEASED (Type or print) Rebecca				Middle Ann		tast HALE	4. DATE OF DEATH	Ma:		/	Year 1960		
	sex Temale		7. MARRIED	NEVER MARRIED		9-60		9. AGE (In years last birthday) yrs		YEAR IF UNDE	R 24 HR Min.		
)	during most of wo	ON (Give kind of work di rking life, even if retired)	one 10b KiNI	OF BUSINESS OR	INDUSTRY 11 BI	USTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTR Virginia U.S.A.							
13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME													
TI	Walter Dillard HALE    Elizabeth ECKENRODE    Was Deceased ever in J. S. Armed Forces?   16. Social Security No.   17 INFORMANT   Address   16. Social Security No.   17 INFORMANT   Address   18. No.   18. N												
CETTECATION	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), storting the under:    Ving couse last   Other Significant Conditions Contributing to Death but not related to the terminal disease Condition G ven in Part 1 (a) 19 Was autops Performed?  Yes No    200 ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I of Item 18.)												
MEDICAL CERT		G CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Month, Day, Yea			De PLACE OF INJ	. ,	, 20f (City	* o 4	e (Cou	inly)	(State		
	21 I certify that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpaperal) attended the deceased from April 12 1960 that (I) (Noishpap												
		F. W. GF	RELIO.	IT MC. US	22d. /	DDRESS			ethesda	. Md.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, ar remaval, and in any event, within 72 hours after death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and by the hospital or attending physician. TO HOSP may be VR A15 (4) 15M 9759

s after death Page 4

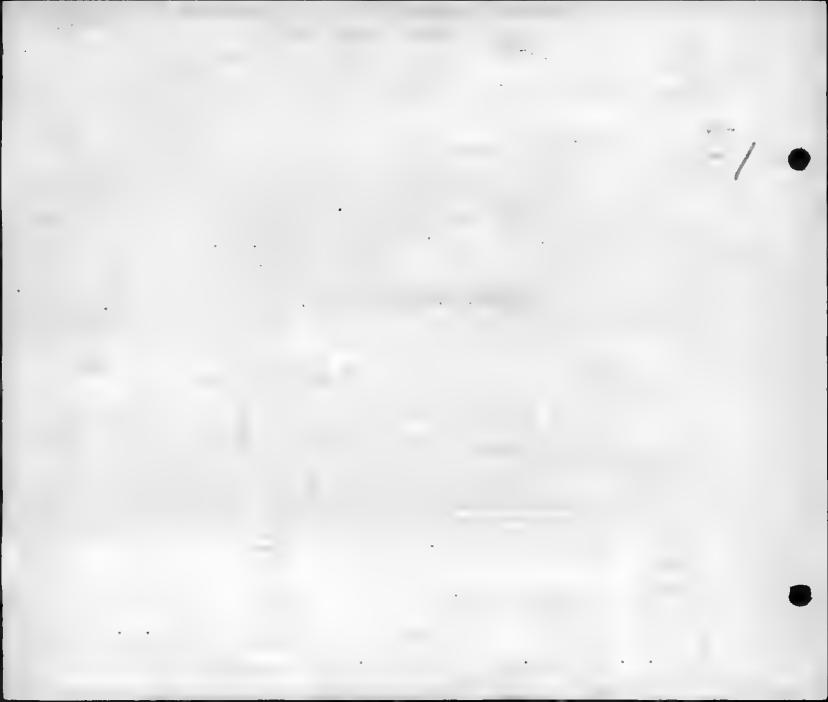


I

05917

L	5926 CERTIFIC	ATE OF DEATH Reg. Dist. No.								
1.	PLACE OF DEATH O COUNTY MONT GOMON MARYLAND	2. USUAL RESIDENCE (Where dereased lived. If institution Residence before admission) o STATE TOTAL TOTAL b. COUNTY MONTHS OF THE PROPERTY OF T								
Į,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  LAPULY (ASP	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	d NAME OF Hospital (If not in hospital, give street address) OR INSTITUTION 3621 Glenmoor Drive	1 d STREET ADDRESS Glanmoor D. O. IS RESIDENCE ON A FARM? YES NOW								
3.	NAME OF DECEASED (Type or print) Horbort Middle	Hall 4. DATE Month Doy Year OF DEATH NOG 26 19 60								
	SEX M 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B. Date Of Birth  Mar. 17, 1889  9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 71 yrs. Manths Days Hours Min.								
10	c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)  Garage Manager — Hotel Continent									
13	13. FATHER'S NAME Thomas Levi Hall Phoebe Ludwig Hall									
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Be the sd.  No 19 year are not do not seen of dotter of services of services and security no 17 INFORMANT Address Be the sd.  No 19 Year are not of dotter of services and security no 18 INFORMANT Address Be the sd.  15 Year are not of dotter of services and security no 19 INFORMANT Address Be the sd.  15 Year are not of dotter of services and security no 19 INFORMANT Address Be the sd.										
	PART I. DEATH (Enter only one couse per line for (o), (b), and (c) }  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	hast forlund interval Between onset and Death								
	Conditions, if ony, which ) (b) Coromony	insufficience #								
	gave rise to immediate couse (a), stating the under lying cause lost	notasis								
FICATION	COMINOMO OF KIONES.	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO								
CERT	OR CONTRIBUTING CAUSE OF DEATH CIFETHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL	20c TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e P While Not while of work of twork of twork of two p to two	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) loctory, street, office bldg, etc.)								
	21. I certify that Lattended the deceased from 126.17, 1966, to 122, 26, 1960, that I last saw the deceased alive on 126, 1960, and that death accurred at 1200, from the causes and on the date stated above.									
	ACTUAL SIGNATURE SIGNATURE MD. 8805 CONN. AUC 5/24/6									
	PHYSICIAN'S JOHN B UMHAU	Choug Chase 15 MJ								
2	Burial, Cremation, 226 date thereof Rock Creek	Cemetery Washington, D. C.								
-	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS WAShi  De S. H. Himes Co. 2001 74th	ngton, Dada, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE								

VS A15 (4) 15M 9/55



059	18
-----	----

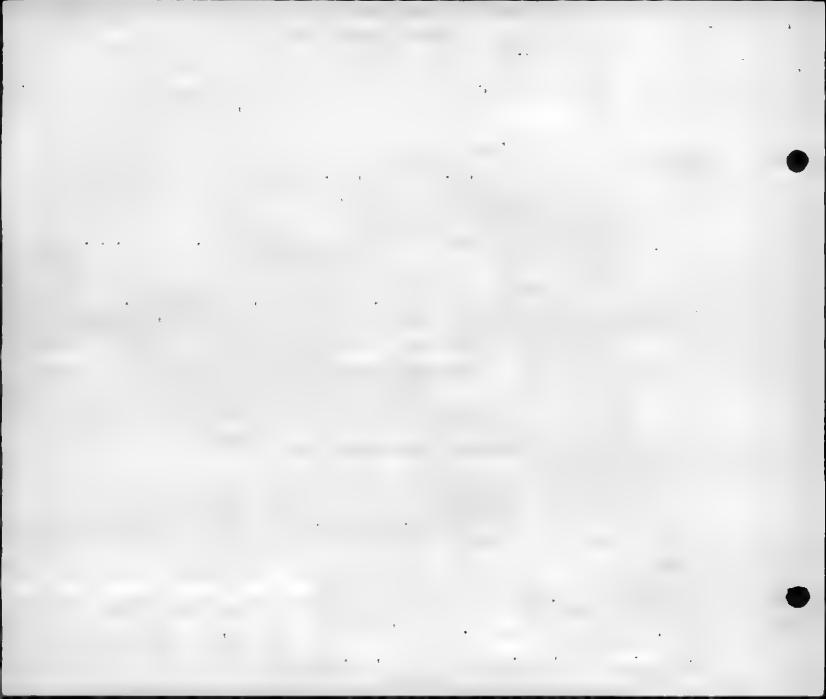
	5938	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
I. PLACE OF DEATH b. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institut K b. COUNTY	ioni Residence before admission]
b. CITY OR TOWN	(If outside corporate limits, write peoplest town)	c. LENGTH OF STAY IN 16 4 months		utside corporote limits, write IONMA, LONG IS:	RURAL ond give nearest lown)
d. NAME OF HOS	PITAL (If not in hospitol, give street 3314 OBERON ST.	et oddress)	d. STREET ADDRESS 5 RICHARD	S AVENUE	e. IS RESIDENCE ON A FARM? YES NO TO
NAME OF DECEASED (Type or print)	First EDWARD	Middle T. F. HAM	MER, SR.	4 DATE MODE OF MODEATH MODE MODE MODE MODE MODE MODE MODE MODE	nih Doy Year AY 8 19 60
MALE	2 27 7 20 10 1	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 5/11/83	9 AGE (In years lost birthdoy) 76 yrs	Months Days Hours Min.
during most of w	ION (Give kind of work done 10) pyking life, even if retired) gineer (retired)		New York	City, N.Y.	12 CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME Ernest	Hammer		14. MOTHER'S MAIDEN N		
15. WAS DECEASED E (Yes, no. or unknown) UNKN OWN	VER IN U. S. ARMED FORCES? (If yes, gave wor or dates of service)		mormant r. Ernest Hamm		
Conditions, if gave rise to carse (o), statin lying couse los	the under-	CONTRIBUTING TO DEATH BU	MY OC	CLUSIA NAL DISEASE CONDITION GI	YEN IN PART I(0) 19. WAS AUTOPSY
OR CONTRIBUTION	VAS UNDERTYING   206. DI	CALCALISE HOW INJURY OCCURR	ED (Enter nature of injury in P	Port I of Item 18)	PERFORMED? YES NO.
ZOC. TIME OF INJ	. 10 Whi		LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.	20f. (City or town)	(County) (Stote)
21. I certify olive on ACTUAL PHYSICIAN'S NAME (Type)	JOHN J. CURRY	Co., and that deat	1 1/		and an the date stated above state)  DATE STORE  A GUE 57876
270 BURIAL, CREMAT TRANS & B	10N, 22b. DATE THEREOF (v) URIAL 5/11/60	ST . RAYMOND !		27d. LOCATION (City, town, BRONX, NEW YO	11
23 FUNERAL DIRECTO		SILVER SPRING	G, MD, 24o, REC'I	BY REGISTRAR 246. REG	ISTRAR'S SIGNATURE

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 are after death. Page 4 may be need by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24



Division of STATISTICAL RESEARCH **BALTIMORE 1. MARYLAND** I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY Page is nec. director. Pa. **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and g ve nearest town) write RURAL and give gentest lown d. NAME OF HOSPITAL OR not in hospital, give strat address) e. IS RESIDENCE funeral ON A FARM? be retained to the State B YES TO NO NAME OF Midd a to the DECEASED OF (Type or print) DEATH mai 1960 IF UNDER 24 HRS. 9. AGE (In years AF UNDER 1 YEAR. MARRIED WINEYER MARRIED last birthdey | Months WIDOWED IT DIVORCED [ 10e. USUAL OCCUPATION (Give kind of work 10b KIND, OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working I fa, even if retired) ve Pages 1, ENGI pages | within PM3. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Give 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17-INFORMANT (Yes, no, pr inkown) ((fyesgivawarordatesofservica) permit. ansit permit 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (6) gava risa to immediate couse DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 81, 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO D 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Item 18 ) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY [ 20d. INJURY OCCURRED ; 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) Month, Day, Year (County) factory, street, office bldg., atc.) While Not While Hour a.m. Fe % at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ease execute the certifical should be forwarded to I FUNERAL DIRECTOR Inspection 😾 Inquiry V and in my opinion forwarded to LL DIRECTO Accident death resulted from Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Addpass (Streat, city, town, or county) DEP CIMMATION. MATE THEREOF 22d. LOCATION (City, town or country) 40 6 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Orthur S. Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



05920

Ž		
	1	
P	W	Л
	e .	8
		1

s ofter death. Page 45

46									
	1. PLACE OF DEATH O COUNTY Montgomery		MARYLAND	2 USUAL RESIDENCE (W STATE Maryland	here deceased	b COUNTY	n: Residence	before admi:	ssian)
ŀ	b CITY OR TOWN (If outside cor	porote limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corpo	rote limits, write RL	JRAL and giv	e nearest tov	vn)
l	RURAL ond give negrest town) Bethesda (Ru	ral)	66 days	Hvattsvi	11e		8		-
ŀ	d. NAME OF HOSPITAL (If not in			d. STREET ADDRESS				e. 15 RE	SIDENCE A FARM?
	U. S. Naval	Hospital		6916 Sta	ndish	Drive			ON D
Ī	3. NAME OF DECEASED	First	Middle	lost	4. DATE OF	Moni	th	Day	Year
1	(Type or print)	George	Arthur	HARRIS	DEATH	Ma	У	26	19 60
	5 SEX 6. COLOR	OR RACE 7. MARRI	ED NEVER MARRIED	B DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UND	
L	Male Cauc	asia WIDOWE	D DIVORCED	8-31-33		26 yrs	MOITINS DI	bys Fiburs	PATITI,
	100 JSUAL OCCUPATION (Give kin during most of warking life, eve	d of work dane 10b len if refired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	ar foreign o	ountry)		N OF WHAT	COUNTRY
	Guard	U	. S. Govt.	Mich			U.	S.A.	
1	13. FATHER'S NAME		•	14. MOTHER'S MAIDEN	NAME				
1		RRIS		Miranda	Mc Dou				
	Yes, no, or unknown) (If yes, give we	RMED FORCES? 16. S r or dotes of service)	SOCIAL SECURITY NO 17 I	NFORMANT		Addr	ess		
Į	Yes   1953-	1956		Hospital Re	cords				
1	18. CAUSE OF DEATH Enter of		e for (a), (b), and (c).]					ONSET AN	D DEATH
ı	PART I. DEATH WAS CA	E CAUSE (a) PE	erforation g	<u>gastric ulce</u>	er				
ı	JOIX	DUE TO						2	
1	Conditions, if any which pave rise to immediate	(b) HC	odgkins Dise	ease				3 Y	rs.
	cause (a), stating the <u>under-</u>	DUE TO							
ı	Jying cause lost.	(c)	ONTRIBUTING TO DEATH BUT	T NOT DELATED TO THE TERM	NINIAL DICEAC	E COMBITION CV	ENLINI DART I	Tal 10 WAS	S AUTOPSY
	PART II. OTHER SIGNIFIC  20g ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE ( URL EITHER, NOTIFY MEDICAL E)	ZANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T INOT REDATED TO THE TERM	INAL DISEAS	CONDITION G V	EIN IIA LAKI	PERF	ORMED?
	OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL E)	OF DEATH!	RIBE HOW INJURY OCCURRI	ED (Enter nature of injury in	Part I or Por	till of item 18)			
	70c. TIME OF INJURY Manth, Hour a.m.	While		LACE OF INJURY (Hame, for actory, street, office bldg., et		or town)	{Co	unty)	(Stote
				Manch 21 10	6Q.,10-	May 26	1060	that (I)	/nwa \ l
	21 I certify that (I) (this	Mass Moss 06	ed the deceased from	- State	TE DW -	1.10. X	, 17 <u>22</u> 2	., mor (I)	(MG) ias
1	220 SIGNATURE	OII THE YEAR	17_Q.G and Indi	death accurred dig.a.	THO II LEVE	me couses on	d on the t		22b.DATE
1		11 -11	Jelen J	M D PHYS TO	AED.	STAFF PHYS		5-2	SIGNED
1	22c. PHYSICIAN'S			22d. ADDRESS					,000
	NAME (Type) K. M	, MOSER,	LT, MC, US	N U.S. Nav	al Ho	spital.	Beth	esda.	Md.
-	23a BURIAL CREMATION, 23b DA	ATE THEREOF	23c NAME OF CEMETERY			TION (City, town, s			ofe)
	Burial 5-	31-60	Arlingto	n National	Ar	lington	V	irgir	nia

Arlington National

ADDRESS Riverdale, Md

'60

250 REC'D BY REGISTRAR

DATE JUN 1

256 REG STRAR'S SIGNATURE

arthur S. Kraus

W.W.Chambers Co., 5801Cleveland Ave.

24 FUNERAL DIRECTOR'S SIGNATURE

may be refined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death. ned by the hospital ar attending physician.

OF ATTENDING EHYMCIAN: The low requires that the death certificate be executed within 24

TO HOSP VR A15 (4) 15M 9/59

41

٩.,

,

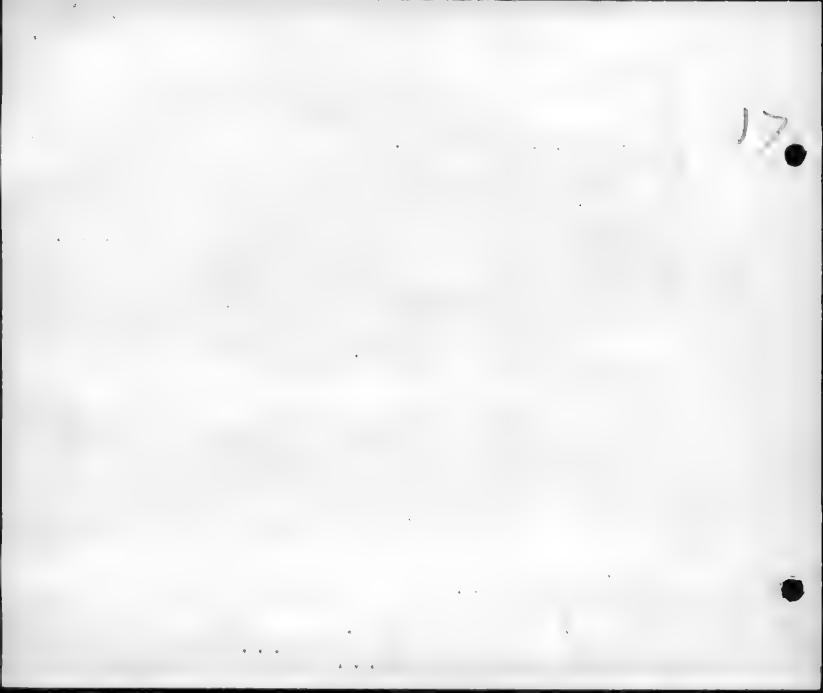
TO HOSP

VS A15 (4) 15M 9/5B

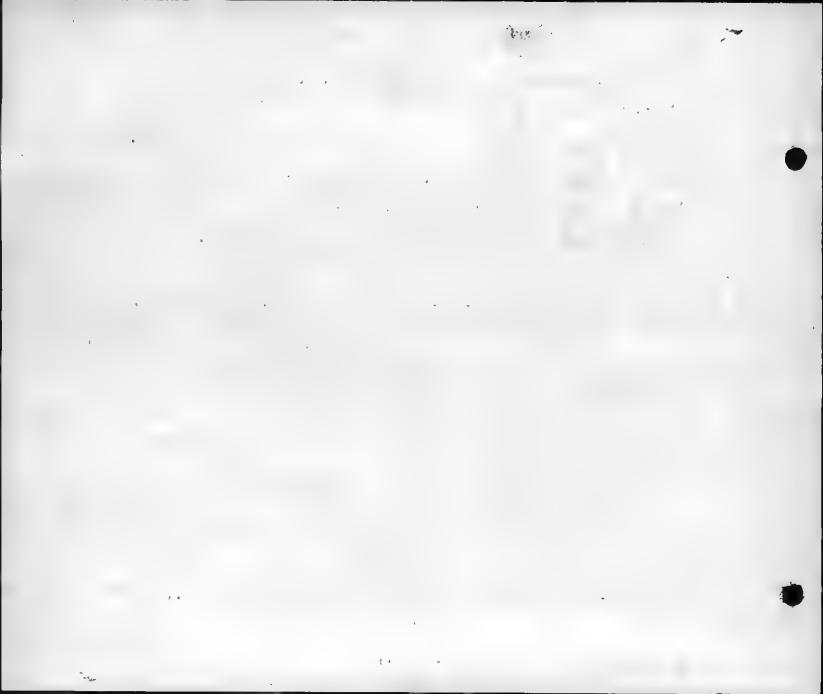
سكات

05921

		599	9	CE	RTIFIC	ATE OF D	DEATH	4		Reg. Dist	. No.	
o. COUNTY		gomery			MARYLAND	o. STATE	dence (Wh	_	lived. If instituti b COUNTY			
b CITY OR TO	Wh (if	outside corporate lim	ts, write	c. LENGTH OF	F STAY IN 16	c. CITY OR	TOWN (If o	utside corpo	rate limits, write R			
Bethesd	4	arest rown)		59 day	73	Takom	a Parl	k				
d. NAME OF OR INSTITU	HOSPITA	AL (If not in hospital, s	jive street	oddress)		/ d. STREET A	DDRESS					RESIDENCE
The Cli		1 Center,	Beth	esda 14,	Md.	7401	Hanco	ck Ave	nue			S NO X
NAME OF DECEASED (Type or print)		Marga	ret	Els	Middle Sie	Har		4. DATE OF DEATH	Mor Ma		Day 19	Yeor 19 60
SEX		6. COLOR OR RACE		RIED 🔀 NEVER	MARRIED [	B. DATE OF BIRT	Н		9 AGE (In years	-		INDER 24 HRS.
Female		White	WIDOW	ED [ DI	VORCED [	January	17,	1894	last birthday) 66 yrs.	Months [	Doys Ho	ours Mun
0o. JSUAL OCC	JPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSIN	NESS OR INDU	ISTRY 11. BIRTHPI	LACE (Stote	or foreign co	ountry)	12 CITIZ	EN OF WH	IAT COUNTRY?
Housewi		None	,	None	е	Pen	nsylv	ania		J	J. S.	A.
3. FATHER'S NA	ME					14. MOTHER'S	MAIDEN N	IAME		1		
Charles	Mac	kie				Marga	ret M	. Sull	ivan			
S WAS DECEAS	ED EVER	IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURI	TY NO.	INFORMANT Th	e Med	ical F	lecord Add	ress		
No	, ,	yo, gre was a same or		certaina	able I	he Clini	cal C	enter,	Bethesd	la 14,	Mary	land
18. CAUSE	OF DEAT	TH [Enter anly one co	use per li	ne for (o), (b), a	nd (c).]						INTERVA	L BETWEEN
Condition gove rise couse (p), s lying couse	s, if on to in toting t	y, which ) (b	Liv	er and	Adrena	ls.						ears
	01111	er giorni realiti con	o noro <u>s</u>	ONTRO	TO BEATH BO	THO RESTED TO	Z I I I CRMII	IANE DISEAS			PE	ERFORMED?
OR CONTRIB	UTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJ	URY OCCURRI	D (Enter noture o	of injury in I	Port I or Port	t II of stem 18 )			
20c. TIME OF Hour		Month, Doy, Ye	While of wor	NJURY OCCURR  Not while  k	£.	ACE OF INJURY ( ictory, street, offici			or lown)	(Cc	ounty)	(State)
21. I certicalive an_ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type	May	lan ( )	Jen Jen	O , and  M.D.	that deat	n accurred at M.D. The Nat	e Clin	M, from ADDRESS (So ical ( Inst:	the causes ar reet, city or lown, Center itutes of Jaryland	nd an the stole)  1 Healt	date sta 5-1 th	de deceased above.  DATE SIGNED 19-60  (Stole)
PURIAL	ipecify)	<b>4#</b> 5/2	3/60	HOLY	CROSS			PHI	LA			(2) Ole l
3 FUNERAL DIR	ECTOR'S	SIGNATURE	. ,	ADDRESS	5732		DATE MA	BY REGIST		STRAR'S SIG		
11.11	un	Munau	041	)ou	WASE	D.C.	DATE (VI)	1 20 0	C	When S.	Thamb	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5.905 CERTIFICATE OF DEATH

5905

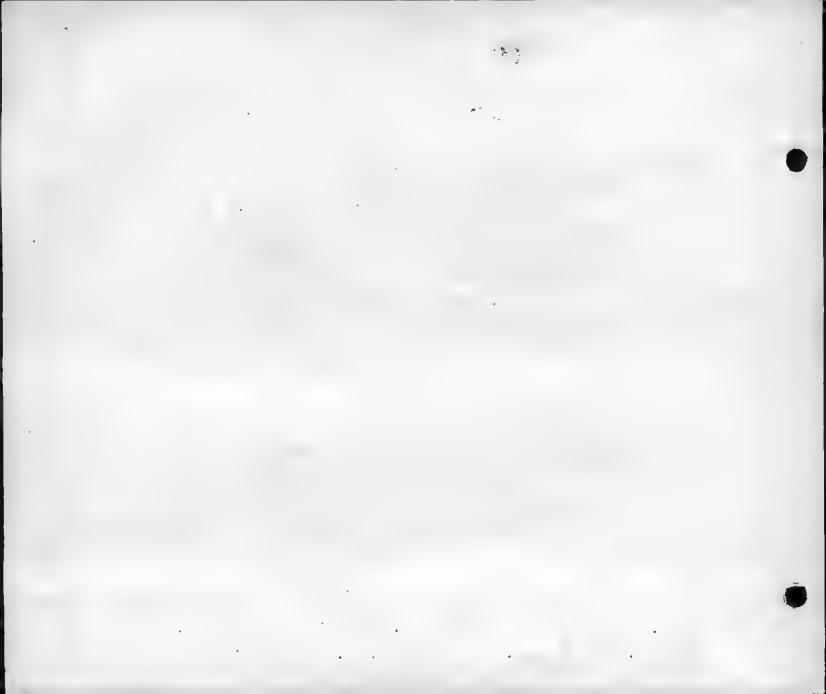
05923

	1, 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	(	COUNTY MARYLAND	6. STATE Md 6. COUNTY Those on.
	Ę	CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town)
/		RURAL and give neorest town	15.1 p. sh.
		d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE
` .		OR INSTITUTION	ON A FARM? YES [] NO []
	-	Carnavan	
	- (	NAME OF First Middle (NMI)	Lost 14. DATE Month Day Year
		ALC: EN TOTAL	Telev DEATH 5 14 1960
	5 5	6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min
		WIDOWED DIVORCED	121021 1892 68 m
	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stote or foreign country) 12 C TIZEN OF WHAT COUNTRY?
		OWN HOME	a money
	13.	FATHER'S NAME STEFENACK	14 MOTHER'S MAIDEN NAME
		Charle Many XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ROSE Chiesching nt
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 JA	NFORMANT Address
	} ***	. no. of unknown) (If yes, give wor or do as of Aervice) NONE	ucilo a This ve Res 517 albande a to his
	/	18 CAUSE OF DEATH   Enter only one couse per rine for (o). (b), and (c) ]	INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY	ONSET AND DEATH
		IMMEDIATE CAJSE (O) Con Tours On Co	requeste lean the lime of id us.
		16d. DUE TO	( conserve:
		Conditions, if ony, which) (b) William presiden	skatile Enterioren / my 1
		gove rise to immediate couse (a), stating the under DUE TO	
		lying couse lost (c) or your buily a	i low who go ill tentent. The
14.	CATION	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
1	8		YES NO 🖹
	CERTIFI	200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter nature of injury in Part 1 or Part 11 of item 18)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	f	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	4ED	Hour o. m. While Not while p. m. 19 of work of work	ctory, street, office bldg., etc.)
			1 Jan 1960, to 14 miley, 19 C, that (1) (we) last
		21 I certify that (I) (this haspital) attended the deceased from.	1/ // / /
		saw the deceased alive an 12 week 19 well and that a	death occurred of M, from the causes and on the date stated above.
		3 VO //	ATTENDING / MED STAFF SIGNED
		22c PHYSICIAN'S	M D. PHYS DIRECTOR PHYS
		NAME (Type)	a 3 as Color on Da Air A. h
		Wrist E Marmon	1 at 1 20 Till Be the body to present he
	23a	BURIAL, CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY O	
	T	RANS. & BURIAL 5/18/60 SUNSET MEM. C	CEMETERY SUMERTON, PENNSYLVANIA
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS SILVER SPRING	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
		RNER E. PUMPHREY, INC. SILVER SPRING	DATE MAY 17'60 Cultur S. Flores

TO HOS:

OR MITEMAING MAYSMIAN: The law requires that the death certificate be executed within 2. Its after death. Page 4 may be manual by the haspital or attending physician

THE LUBERAN MIRECTER: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59



director

funeral

filed

pe

should

and 2

papers

death. gud

202

filled

Q.

physician

attending 90

signed

remaye

ā.

2

and

removal,

burial-transit physician has been

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6000 CERTIFICATE OF DEATH

05924

	-	, r	U	v	Per
Reg.	Dist.	N	lo.		

1	1 PLACE O
	b CITY C
750.	Bethe d NAME OR IN
1	The C
	3. NAME OF DECEASE

F DEATH 2. USUAL RESIDENCE (Where deceased rived. If institution. Residence before admission) b. COUNTY Montgomery a STATE MARYLAND Maryland omery OR TOWN (If oulside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) 32 Days Kensington OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3108 University Boulevard West linical Center, Bethesda 14. Year print) Helen Dorothy Henderson DEATH Mav 1960 S SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Dovs Hours DIVORCED [ WIDOWED [ Female White March угз 10a USLA. OCCUPATION (G.ve kind of work done during most of working life, even if retired)

10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Statistical Clerk U.S. Government U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John F. Gorrnall Mary M. Beall S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT The Medical Record No The Clinical Center, Bethesda ll, Maryland CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY Cardiac Arrest 10 Minutes IMMEDIATE CAUSE (o) Bilateral Hydronephrosis and Pyelonephritis **DUE TO** secondary to partial Ureteral Obstruction by tumor. Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the under-Enidermoid Carcinoma, Uterine Cervix Years lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c TIME OF INJURY Hour a m

20d INJURY OCCURRED While Not while at work at work

20e. PLACE OF INJURY (Home, form, | 20f. (City or town) factory, street, office bldg, etc.)

(County)

(State)

DATE SIGNED

21. I certify that I attended the deceased from April 15 alive an

19 60

Year

The Clinical Center National Institutes of Health

, 19.60, to May 17

(State)

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION,

ACTUAL

SIGNATURE

TRIER.

Bethesda II. Maryland 22c. NAME OF CEMETERY OR CREMATORY

22d LOCAT ON (City, town, or county)

ADDRESS (Street, city or town, state)

WASHINGTON D.C. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

, and that death accurred at 11:35%, from the couses and on the date stated above.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

BURTAT

1960that I last saw the deceased

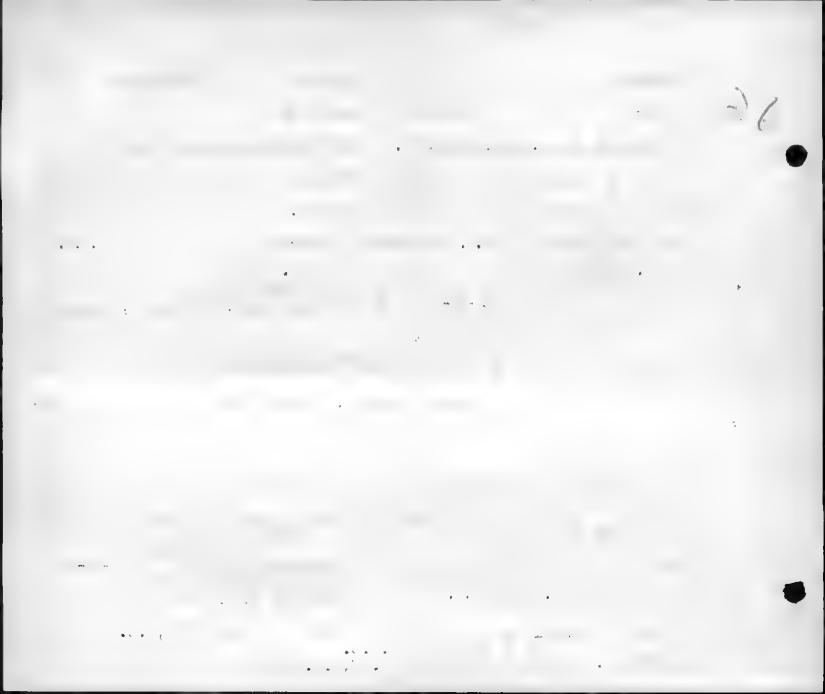
page Q VS A1S (4) 1SM 9/SB

DIRECTOR:

ģ

o

3 shaul



#### YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where decessed I ved, Il institution, Residence before edmission) I. PLACE OF DEATH a. COUNTY Page a. STATE **b.** COUNTY is necessary, director. Page Marvland Montgomery MARYLAND b CITY OR TOWN (if guiside corporete limits. c. CITY OR TOWN (II outside corporete limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 write RURAL and give neerest town! Germantown Germantewn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) ò Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3 to the funeral retained he State B Berryville Rd. YES NO Berryville Rd. 3. NAME OF First Middle DATE Month DECEASED the (Type or print) May 232 1960 Henderson DEATH Tuev Ann 19 E 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX IF UNDER 74 HRS. AGE (In years ) IF UNDER 1 YEAR ' ind be executed within 24 litturs after deal in pencil in flem 18. Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 with lower and in any event within 72 hours permit. last birthdey) Months Days Hours famale DIVORCED WIDOWED TO 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 15. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working I fe, even if retired) USA housework 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME IInknowa Unknown This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Ad drass (Yes, no, or unkown) | (Illyesgivewerordelesofservice) D. J. Callahan Jr. Poolesville, Mi. s's Office along with for a burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN 36 hrs. PART I. DEATH WAS CAUSED BY. Acute Congestive Heart Failure IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which (6) "pending" geve rise to immediate cause Examiner's **DUE TO** 88 (e), steting the underlying ö used lon, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? esse execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be cremai forwarded to the Chief Medical L DIRECTOR: Page 3 should b NO -F 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f, (City or fown) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.] While Not While 0 Hour e.m. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my opinion Accident | Sulcide Undetermined manner death resulted from: Natural causes Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE designal DEPUTY MEDICAL EXAMINER 5/24/60 EXAMINER'S J. Broschart NAME (Type) Address (Street, city, lown, or county) DEF 226, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) 5/26/60 Lincoln Park. Rockville, M. Q40 p 0 ADDRESS 246, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME arihun S. Kruss Rockville, Md.

5M 7/59



aftending please

signed

certificate

After

DIRECTOR:

õ ned detached

physician.

per

burial-transit has been

ematian,

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

05926

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where decreased lived, it institution; Residence before admission) MONTGOMERY n COUNTY O. STATE MARY LAND **b** COUNTY MONTGOMERY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town)
TAKOMA PARK 1 day SILVER SPRING d NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION SAN. & HOSPITAL ON A FARM? 11.802 HUGGINS DRIVE YES INO PE NAME OF 4. DATE Manth Year DECEASED WITT.T.TAM NORVAL. HER BERT MAY (Type or print) DEATH 1060 IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE 7 MARRIED NEVER MARRIED 9 AGE (In years B. DATE OF BIRTH last a rthday) Manths Hours MALE Days Min 7/20/06 WIDOWED [ DIVORCED [7] 100 USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) ROCKVILLE PRESS Washington. D.C. U.S.A. Printer - owner 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME WILLIAM U. HERBERT HELEN R. KANODE 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Mrs. Margaret M. Herbert. 11802 Huggins Dr. NO 578**-**18**-**1313 Spring. Md JINTERVAL BETWEEN 18 CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: day IMMEDIATE CAUSE (o) DUE TO AILURE AC Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the under-THEROSCLEROSIS lying cause lost PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Doy, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) ! Hour o m. While Not while at work at work 17/14, 1966, that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased fram..... , and that death accurred at A.M. from the causes and an the date stated above saw the deceased alive an 22a SIGNATURE ATTENDING PHYS STAFF M.D DIRECTOR PHY5 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) L. B. SNOW 230 BURIAL, CREMATION, 236 DATE THEREOF 23d LOCATION (City, town, or county) 23c NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) CEDAR HILL CEMETERY PRINCE GEO. COUNTY, MARYLAND BURIAI 5/27/60 256 REGISTRAR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR SILVER SPRING, MD. 31'60 Christma & Haus

FUNERAL DIR page 3 shi the State E o VR A1S (4) 15M 9/59

Tours In Ion A H or (cres 7.08 +18A.17A.1. 1 /2 /2 / 11, 21 mil

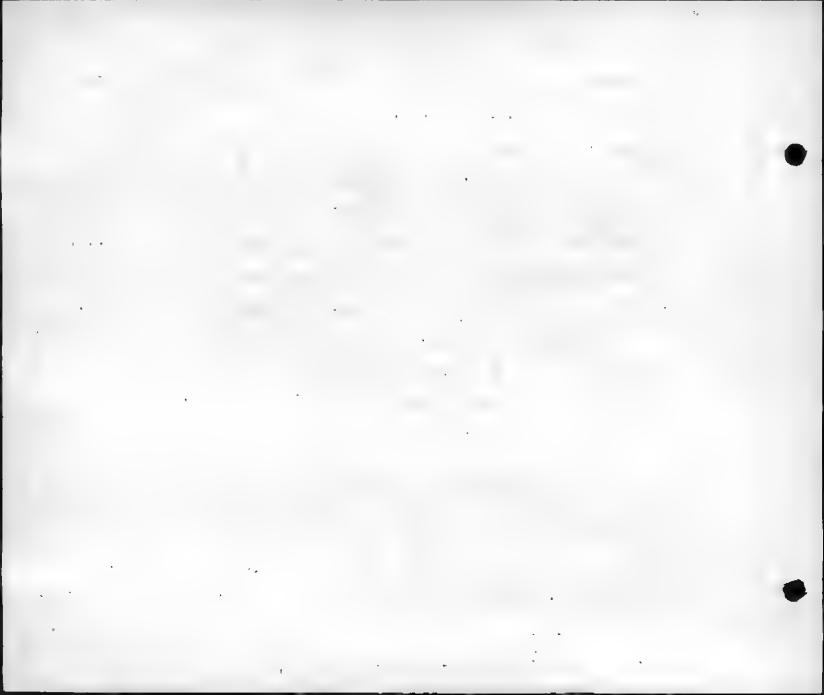
> # 4 1/4 4 60 - ( 1 server -

1/25 00

s ofter death Page 4 IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

(15927

0002	keg. Dist, 140,
PLACE OF DEATH	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     o. STATE     b. COUNTY
Montgomery	Maryland Montgomery
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)
Poolesville R.F.D. 5 mos.	Rockville
NAME OF HOSPITAL (If not in haspital, give street address)     OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Matthews Nursing Home	304 Anderson Ave YES □ NO 🛣
NAME OF First. Middle HELKA	BERGER <sub>tast</sub> 4. DATE Month Day Year
Type or print) UULIA Eliza H	ERSPERCER DEATH MAY 7 1960
EX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF ENDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	Aug. 22, 1880   Spirthday) Months Days Haurs Min
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Housekeeper Self employed	Maryland U.S.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Aaron Hersberger	Hester Whipp
WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. III.	NFORMANT Address
No No	Mrs. John Backus Rockville, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (g) UREN 1A	3 weeks
446 X DUE TO	
Canditions, if any, which ) to Reucel C	neline 1-month
gove rise to immediate	
lying cause ast.	entra brother disease 6 minte
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a) 19 WAS AUTOPSY
o besity	PERFORMED? YES NO
200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2. (Enter nature of in ury in Port 1 ar Part 11 of item 18.)
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f (City or town) (County) (State)
	ctory, street, office bldg , etc )
21. I certify that I attended the deceased from CC 5	1959, to May 7, 1960that I last saw the deceased
	occurred at 1:50 PM, from the causes and an the date stated above
dire on the property of the little deolin	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)
ACTUAL SIGNATURE SIGNATURE	MO. Dawanille
PHYSICIAN'S	
NAME (Type) John G. Fawcett	1. C. Sayols, Tud.
BUR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, fown, or county) (State)
Burial 5/11/60 Monocacy	Beallsville Md.
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
onstance C. Helton Barnesvie	le, MA DATE MAY 10'60 Calling & Kome
	Tana Tana



11 2.	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	6003 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05020
HEALTH DEPT.	1. PLACE OF DEATH  1. PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed I ved, If institution; Residence before admission)
A Se	e. STATE b. COUNTY
S C E I	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give near assistance)
of the second	Beshevelar 3 49km
oard oard	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   a. IS RESIDENCE
dela dela dela dela dela dela	4602 Chase ave. 4602 Chase ave YES NOW
Stain Stain	3. NAME OF First Middle Lest 4. DATE Month Day Year OF
and	(Type or print) James Frankley Hewith DERTH May 2 19 60
Heath Had and With S of	5. SEX OLD COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers If UNDER 1 YEAR IF UNDER 24 HRS.
9 9 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9	WIDOWED W DIVORCED 1/2-1-1906 53 yrs.
1, 2 1, 2 ge an 27	108. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Though a se	13. FATHER'S NAME  Welding  14. MOTHER'S MAIDEN NAME
72 £ 6 £ 6 £ 6 £ 6 £ 6 £ 6 £ 6 £ 6 £ 6 £	Arron R. Hewitt Mary El Burroughs
i je	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT NO. 10.
1 × 1 × × × × × × × × × × × × × × × × ×	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] (Ifyesgive werordeles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Neice Address Kensington, Mc
with a part of the	18 CAUSE OF DEATH [Enter only one cause per line for [s], (b), end (c).]
il in long long ansit nd in	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)
be de la	ACHA DUETO P A A A A
in pould	Conditions, 1 ary, which ) (6) (Crehela (Conductory) Accordations) Shallen
s and show that	geve rise to immediate cause  (a), stelling the underlying  DUE TO
icati mine ed a	cause lest. (c) Talluria Saul
Exal Exal Buss ation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED?
work work ical Id by	There live ( Om prensular, Sinth Conficient ye nethore 'YES NO []
Mad Mad	E PRIMARY OF CONTRIBUTING O
ing ing Suris	CAUSE OF DEATH.    Dikholyd   Pli in base nt of his home   County   County
THE STATE OF THE	Hour e.m. While Not While Not While Not While
EX.	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection I, Inquiry I, and in my opinion
A Party of the Par	death resulted from: Natural causes , Accident A, Suicide , Undetermined manner
DIC Bridge	CHIEF MEDICAL EXAMINER
MEDI te the c forwar L DIR	SIGNATURE STAND . / Swing of M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
exacute ld be for IERAL lesignate	EXAMINER'S TO THE SAME DEPUTY MEDICAL EXAMINER DE MA
DEFC.	NAME (Type) TANN , 13 105 Ch2 A Address (Street, city, town, or county)
	22e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele)
5 g 4 5 g ×	Burial 5/6/60 St. Mary*s Cemetery Rockville, Maryland  23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME	Pohont A Pumphyon Rothords Maryland
5M 7/59	ROBERT A. Fumpirrey Bethesda, Mary Land 19 160 Cuthing S. Frank



Bethesda, Maryland

e. IS RESIDENCE ON A FARM?

Day

YES NO NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED? YES NO

(Stote)

DATE SIGNED

(State)

arthur & thous

240 REC'D BY REGISTRAR 245, REGISTRAR'S SIGNATURE

1 0 '60

0

VS A15 (4)

23 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey



VS A15 (4) 15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2		
5005	CERTIFICATE OF DEATH	

				F	teg.	Dist.		
SUAL RESIDENCE	(Where	deceased	lived.	If institution	Resi		before	

1 PLACE OF DEATH o. COUNTY	ont como no	MA	ARYLAND	2. USUAL I			d fived. If institu	Y		
11011 ogomer y			c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fawn)							
b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown)			C CIT	OK TOWN (IF	outside corpo	orate limits, write	KUKAL and gi	ve nearest tawn)		
Rural- Kemptown					Rural	~ C1	agetts	ville		
d. NAME OF HOSPITAL (If nat in hospital, give street oddress) OR INSTITUTION #1, Monrovia					FT ADDRESS				e IS RESII ON A	FARM?
RFD ;	#1, Monrovi	a			RFD #	1, Mo	nrovia		YES K	NO 🗆
3 NAME OF DECEASED	First	Mid	die		Last	4. DATE OF	M	onth	Day Y	egr
(Type or print)	Iva	May	Hilt	ton		DEATH	Ma			9 60
5 SEX	6. COLOR OR RACE 7	MARRIED NEVER MAI	RRIED 🔲	8. DATE OF	BIRTH		9. AGE (in year last birthday)	-	YEAR IF UNDER	R 24 HRS Min.
Female	1711 00	OOWED DIVOR		Dec.	13.1	897	62 7		DOYS HOURS	PATIES.
	ON (Give kind of wark dane king life, even if retired)			STRY 11. BIR	HPLACE (State	or foreign o	country)	12 CITIZ	EN OF WHATCO	DUNTRY?
HOUSES	Wile	Own Home	3				le, Md	•	<u>USA</u>	
					ER'S MAIDEN					
Mauri					rtha.	MARKA A				
15 WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY I	NO.	NFORMANT			Ac	dress		
No		<u> </u>	1	ir. Re	y Hil	ton.	Monrov	ia. Mo		
18 CAUSE OF DEA	ATH [Enter only one couse p	per line for (o), (b), and	(c).]	-			-		INTERVAL BET	WEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	'erminal B	ronc	ho-pn	eumoni	a			2 days	
200	DUE TO T	ympho-sar	coma						11 mor	nths
Conditions, if a	ny, which ) (b)	O T								
gove rise to i	mmediate (				-					
lying cause last.	(c)				_					
Z PART II. OT	HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEAS	E CONDITION G	IVEN IN PART	1(a) 19 WAS A	LTOPSY
CAI	Diabetes Mellitus  PERFORMED? YES NO 25									
U (IF EITHER, NOTIFY	AS UNDERLYING (1) 20b. G CAUSE OF DEATH MEDICAL EXAMINER;	DESCRIBE HOW INJURY	OCCURRE	D. (Enter natu	re of injury in	Part I or Pa	rt tl of (tem 18.)			
	. , , , , , , , , , , , , , , , , , , ,	9d. INJURY OCCURRED			RY (Home, for		y or town)	(C	ounty)	(Stote)
Hour o.m.		Vhile Not while  t wark □ ot work □	ro	cidly, sireer, o	office bldg., et	G. J				
	at Lattended the dec	ensed from Jun		10	59 to Ma	v 15.	196	Ohat I lar	t taw the de	ceated
glive on May	15, 1960	10 A	at daath				the causes of			
I dive on		// Ullu til	ur ueuri	occorred	UL TEAR		treet, city or taw			SIGNED
ACTUAL Z	2 1/4 000	· (5				, , , , , , , , , , , , , , , , , , , ,		.,,,	May	16.
M. MC	Kendree Boy	er, M.D.	9830	Main	Stree	at. Ds	mascus	. Mar	vland.	- <del>196</del> (
PHYSICIAN'S NAME (Type)				3100 222					,	
220 BUR AL, CREMATIC	N, 22b. DATE THEREOF	12c NAME OF C	EMETERY C	R CREMATOR	Y	22d LOCA	TION (City, town	, or county)	(Stote	}
REMOVAL (Specify)	May 18.19	60 Montgo				C7	agetts	r1710	Ma	
23 FUNERAL DIRECTOR		ADDRESS				D BY REGIS		GISTRAR'S SIG	NATURE	
Illin o	1. Molesur	Damas Damas	scus,	Md.	DATE.					
						<del>y 1 9 16</del>	C.			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) y is newson.

Y directon. Pag.

r your files. a. COUNTY **b.** COUNTY c. CITY OR TOWN (I pulsida corporata limits, write RURAL and give represt town) 120 677 ナ MARYLAND b. C TY OR TOWN (if outside comprete limits. c. LENGTH OF STAY IN 15 westa RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) Boar d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO F retained he State B 3. NAME OF 4. DATE Month DECEASED OF the TH 3 19 (.2 C (Type or print) with the DEATH 6. COLOR OR RACE DATE OF BIRTH 2 will 7. MARRIED ANEVER MARRIED last birthday) Months Days WIDOWED [ DIVORCED 103. USUAL OCCUPATION (G.va kind of work) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during-most of working life, avec if retired) GROCE ITHUANIA pages 1 within PM3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME <u>e</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address permit. Was, no of unkown) ; (Ifyesgiva war or datas of sarvica) Office along with burial-transit perm 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying causa last. should be used 'ial, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(8), 19, WAS AUTOPSY Medical Ex should be t PERFORMED? the word NO K 20b. DESCRIBE HOW INJURY OCCURED. (Efter nature of injury in Part I of Part II of Itam 18.) 1 YES 206. EXTERNAL CAUSE WAS CAUSE OF DEATH. certificate, writing the arded to the Chief WRECTOR: Page 3 sh m E 20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) age to by (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work OR: P DEFULL the certificate blease execute the certificate 4 should be forwarded to if O FUNERAL DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 📈 Inquiry 2 and in my opinion death resulted from Natural causes 🔽 Accident [ Suicide Homicide | Undetermined manner 1 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Typa) MOSCH ZKY Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION 7 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. AOCATION (City, town, or coustry) (Stala) REMOVAL (Specify) £40 g IR,AL 200 FUNERAL DIRECTOR 24a. REC'D BY/REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME arihur S. Kroses 5M 7/59

**DUE TO** 

Doy,

21. I certify that I attended the deceased from DEC

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU

Wyman.

/18/60

Pumphrey

Arterioscler

20b. DESCRIBE HOW INJURY OCCUR!

Not while at work at work

Rock Creek Cemetery

Bethesda, Maryland

20d. INJURY OCCURRED

Canditions, If any, which

gave rise to immediate

cause (a), stating the under-

20c. TIME OF INJURY Month,

Haur a. ft.

alive an\_

ACTUAL SIGNATURE PHYSICIAN'S

REMOVAL (Specify)

Robert A.

23. FUNERAL DIRECTOR'S SIGNATURE

Ruria.

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

lying cause last.

CATION

MEDICAL

CERTIFICA	ATE OF DEATH	1		Reg. Dis	it. No.	,-	
MARYLAND	2. USUAL RESIDENCE (Who a. STATE Mary)		d lived If institution b. COUNTY	n Residen Mont			ian)
c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If au	ulside carpo	orate limits, write RU				:)
	50 Bethe						
dress)	d. STREET ADDRESS					e. IS RESI	IDENCE FARM?
3	4607 1	Harl.	ing Lane				NO 🔀
Middle	Last	4. DATE	Mont	h	Da	y	Year
В.	Homer	DEATH	Mav	_ ]	. 5	7	1960
DIVORCED DIVORCED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Mynths	1 YEAR	IF UNDE Hours	R 24 HRS. Min.
IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign c		12. CIT	IZEN O	F WHAT	COUNTRY?
** ** ** **	Washingt	on,	D. C.	t	JS		
	14. MOTHER'S MAIDEN N						
	Francis	ka W	anda				
	NFORMANT		Addre			-	
lone C	scar Z Home	r-Hu	sband-sa	ame a	38	2d	to the state of the state of
for (a), (b), and (c).]					INTE	ET AND	TWEEN
rebral hemo	rrhage					3 mi	
teriosclero	sis					30 y	ears
ENTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEAS	E CONDITION GIVE	N IN PART	1(0) 1	PERFO	
118E HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I ar Par	t II of item 18.)				
URY OCCURRED 20e. PL Not white fa of work	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City	r or lown)	(0	ounly)		(State)
from DEC . 1	. 19. <u>54</u> , ta <u>1</u>	Mav :	15 , 19 60	that I l	ast so	w the	deceased
•	occurred at 9:50 A	M, fran ADDRESS (S	n the causes a treet, city or town, s	nd an th	ne da	te state DA	ed above. TE SIGNED
m	M.O. KERXX NO	rfol	& Ave. 1	Beth	<u>M</u>	d 5/	/16/60
M. D.	7801 Norfe	olk 1	Ave., Be	thes	da,	, Ма	rylan
22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town, a	r county)		(State	1

24a, REC'D BY REGISTRAR

DATE AY 1 7 '60

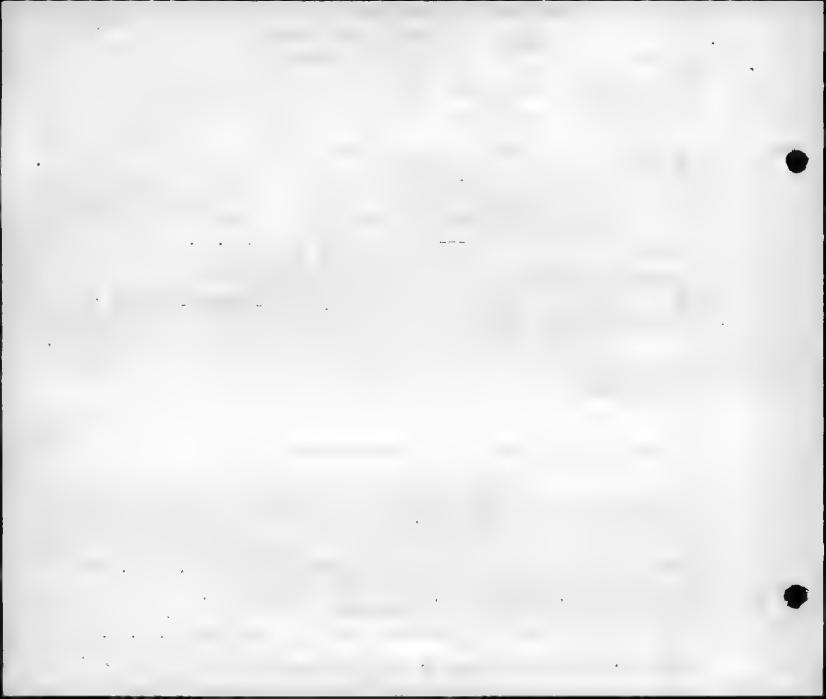
24b. REGISTRAR'S SIGNATURE

Curling S. Harris

(State)

þ DIRECTOR: After this certificate has been signed all be detached for use as the buriol-transit permited by cremation, or removal, and 3 should be detoched for use TO FUNER

VS A15 (4) 15M 9/55



600 MISSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

05933

1. PLACE OF DEATH O. COUNTY MARYLAND	II o STATE da l'	b. COUNTY
b CHT, OR TOWN (If outside corporate limits, verte RENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporat	I mits, write RURAL and give negrest town)
The NAME OF HOSPITAL (If not in hospital, give/street address)	TENBROOF F	HAM ) = RWOOT 0 IS RESIDENCE ON A FARM?
BROOK GROVE YOUNDATION + NC.	Derwodd	YES NO X
3. NAME OF First Middle PECEASED (Type or print)	Last 4. DATE OF DEATH	Month Day Yeor
S SEXT 6. COLOR OR RACE MARRIED WEVER MARRIED	B DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	DUNE 20 891	670 yrs.
10a JUSUA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OF IND Juring most of working life even if retired)	AUSTRY 11 BIRTHPLACE (State or Jourign cour	12 CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
I homas TEll HOOVER	THICK SERE	NA HARUS
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (19 year or done of service) 577-07-4639	INFORMANT HODILON	CHENDROOF MAN
, )8 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]	145/15 100/10	INTERVAL SETWEEN
PART 1 DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART 1 DEATH WAS CAUSED BY:	anon went	5 days
DUE TO DOWN	1	10 44
Conditions, if any, which gove rise to immediate (b)	mism	10 42
couse (a), stoting the <u>under.</u>   lying couse last. (c)		,
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE C	PERFORMED?
200 ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Part II	of item 18 )
206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nest (anter the state of the st	,
	PLACE OF INJURY (Home, form, 20f. (City of foctory, street, office bldg, etc.)	town) (County) (State)
Not work of m. 19 While Not while of work of work		
21 I certify that (I) (this bospital) attended the deceased from	2.77	5 that (1) (we) last
sow the deceased alive on 1997, and that	deoth accurred a WM, from the	e couses and on the date stoted above.
Markey	M.D. ATTENDING MED. DIRECTOR D	STAFF PHYS.   5 7 SIGNED
22c PHYSIC AN'S NAME (Type) C. H. LICON	22d ADDRESS WY	Spring, Md.
230. BURIAL, CREMATION, 236 DATE THEREOF 3C NAME OF CEMETERY	OR CREMATORY 23d. LOCATIO	N (City Jown, or county) (State)
Burial 5/11/60 Arlington		ngton, Virginia
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Robert A Pumphray Bethesda N	(arvland MAY 1 0 6	R 7256 REGISTRAR'S SIGNATURE  CITCHUT & HIGHE

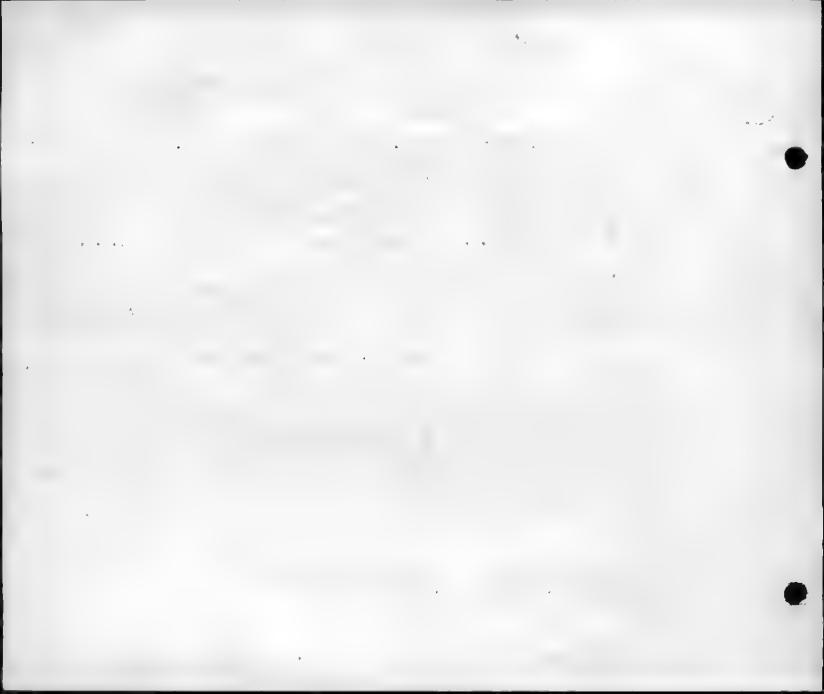
TO HOS VR A15 (4) 15M 9/59



3 shauld TO FUNERAL page VS A15 (4) 15M 9/58

e IS RESIDENCE ON A FARM? YES 🔲 NO 🕝 Year 19 60 IF UNDER TYEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. The Clinical Center, Bethesda 14, Maryland INTERVAL BETWEEN ONSET AND DEATH minutes 3 1/h hrs. vears PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES 📆 NO 🦳 (County) (State) , 19 60, to May 23 ... 19 60that I last saw the deceased and that death occurred at 3:30 PM, from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) 5/24/60 National Institutes of Health Norman R. Gevirtz, M.D. PHYSICIAN'S NAME (Type) Bethesda lu, Maryland 22a BURIAL, CREMATION, 22b. DATE THEREOF 22d, LOCATION (City, tawn, or county) 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 5/27/60 Arlington National Burial Arlington, Virginia FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Street, N.E. Wash; IC

2 5 '60



director,

decth: [Dia

filed

å

should

pup Ξ,

Pages

ofter

72 edse

25

Filled

physician haurs remove

aftending |

٨ Ę, dny

been signed

certificate

that

ጌ

i Per

burial-transit

80

**TS6** 

P

parpa

del

þ should

FUNER

15M 9/55

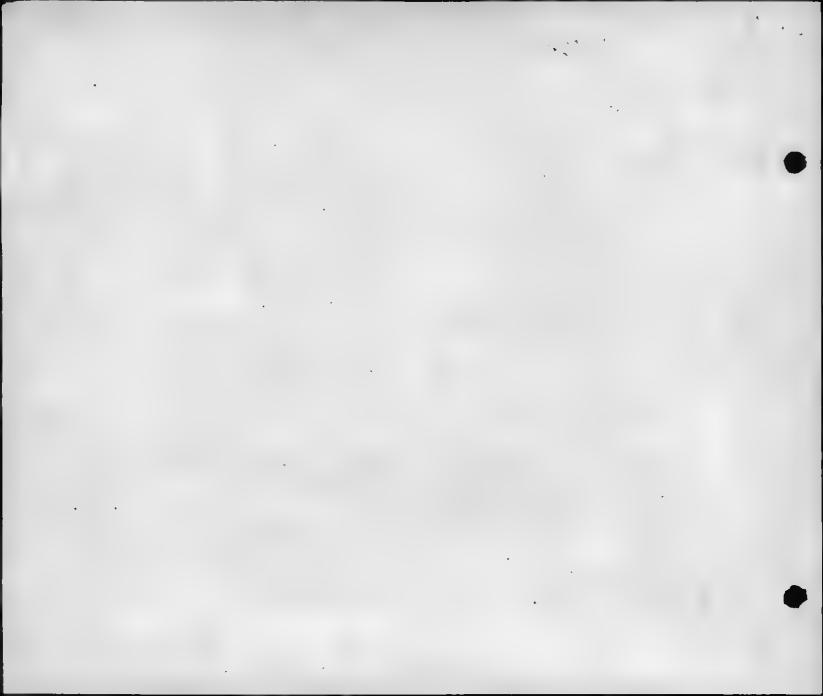
page

and

cremation,

11 1 I	te	ms 20821 Film 264 MARYLAND STATE DEPARTMENT OF HEALTH
N.		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		594 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		PLACE OF DEATH  Them 7 PilmC264 6-7 60 9 USUAL RESIDENCE (Where decessed I vad, If institution; Residence before admission)  COUNTY  STATE  COUNTY
Party and a second		Montgomery Item 5. by phone, state Maryland b. COUNTY Montg.
	-	b. CITY OR TOWN (if oulside corporate limits. , c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If oulside corporate limits, write RURAL and give neerest town)
d your f		Write BURAL and a representation of the Rockville
v is		d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address)   d STREET ADDRESS   a IS RESIDENCE
Te de la		401 Anderson Ave 401 Anderson Ave YES NO X
Start Start	3.	NAME OF Frst Middle Last 4. DATE Month Dey Yeer DECEASED OF
the training of the		(Type or print) Grace B. Howes DEATH May 27, 1960 19
神光の神楽	5,	SEX FLOW COLOR OR RACE 7 MARRIED THE NEVER MARRIED THE 8. DATE OF BIRTH 19. AGE (In years, IF UNDER 1 YEAR IF UNDER 24 HRS.
man de % 2 % wirs		male white whowed Divorced 6/5/1893 lest birthday) Months Days Hours Min.
2 had 5	10s	a USJAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
Peg 1	"	Totalher, mont Co Jehros md. USA
Page A3.	13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
2 9 4 d 4		Wm. U. Boall. Mary F. Turdun
S S S S S S S S S S S S S S S S S S S		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT  Address  as, no, or unknown), (Ifyes g vewerordeles of service)
with few 18 with few 18 with few 18	17	#219-34-1846. Police Record
	ľ	18. CAUSE OF DEATH [Enter only one cause partine for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
execution in		PART I. DEATH WAS CAUSED BY: Industry Run bolism Supple
Den Coo		VI X DJETO D II A
only on the second		conditions, Il ony, which 7 (b) Lesepheral Lyours Thrombosis unproces
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		geve rise to immediate cause OUE TO DE TO DA AAA
icati mine ed e		couse last. (c) facture the faller hadayo
Exal	NO.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Signal And	CERTIFICATION	YES NO 🗌
Abedinoul	ERT	20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Iam 18.)
NED A	CALC	CAUSE OF DEATH.  Driver of auto involved in accident with another vehicle  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sinta)
関連に 85		To those ZA E /E / CO While Not While of factory, street, office bidg., atc.)
X P P P	MED	
FIGURE OF THE STATE OF THE STAT		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opin on
P C de drifting of the company of th		death resulted from: Natural causes . Accident K., Suicide . Homicide . Undetermined manner .
MEDIC te the ce forward L DIRE sted age		CHIEF MEDICAL EXAMINER
		SIGNATURE MADE ASSISTANT MEDICAL CAMPINER M.D. ASSISTANT MEDICAL CAMPINER M.D.
DE TY Passe execute thould be for thould be for the property of the property o	1	DEPUTY MEDICAL EXAMINER 5  5/28/60  NAME (Type)  Address (Street, Filly, Inwest of Founds)
DE, Consideration of the strong of the stron	22	S. BUNIAL, CREMATION   22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country) (51ste)
DESCRIPTION OF Its or its		Burial 5/31/60 Parklawn Rockville, Maryland
H H	23	ADDRESS 33 F MONT C 240, REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
VS. A1SME 5M 7/S9	T	Tison Wheeler Funeral Home Rockville, Md DATE MAY 31'60 arilum & Kraus
		EIN -

1.2



or removal.

VS. A15ME(5) 5M 9/55

05937

Reg, Dist. No.

1. P	PLACE OF DEATH O. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission)						
		Montgomery	7	MARYI	LAND	o. STATE Mary	yland	b. COUNT	Y Mor	ntgome	ery
b.	. CITY OR TOWN and give nearest ter	(If outside corporate films), while (n)	RURAL	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (II	outside corpo	prote limits, write	RURAL and	give nearest t	own)
		Bethesda		Since 1931		Kenwood,	Par B	ethesda			
				spital, give street address	)	d. STREET ADDRESS	. 1 . 1 . 1	D .		e, IS Of	RESIDENCE N A FARM?
		okside Dri	ve			6408 Bro	okside	Drive		YES	□ № 🖔
0	NAME OF DECEASED	Fin	r	Middle		Lost	4. DATE OF	Mont		Day	Year
5 51		Dorothy	7.4			y Hunter	DEATH	May	4		19 60
	emale	6. COLOR OR RACE White		ED X NEVER MARRIED				7. AGE (In years lost birthday) 59 yrs.	Months D	YEAR IF UN	Min.
			WIDOWE		min.	ay 19, 1900		,	12 61717		7.501117897
dı	uring most of work	ing life, even if retired)			NUUSIK	11. BIRTHPLACE (Stote	or totaldu co	untryj		EN OF WHA	COUNTRY
12	House	wile		wn home		Washingt 14. MOTHER'S MAIDEN N		C.		JSA_	
101		TT TT - 1 -1-1-	_								
15.		W. Hodgkir		SOCIAL SECURITY NO.	17 100	Alice W.	Huten	ens Address			
TYes,	No er unknown!	(It yes, give war or dates of s	ervice)	nknown		A. Dulaney	Umton			9	
		ATH [Enter only one cou			10,	A. Dulaney	пашет	-Same	itein #	INTERVAL BETY	NEEN.
		ATH WAS CAUSED BY:		ronary occ	luci	on				Sudde	EATH
	4 %	IMMEDIATE CAUSE (6)		Tollary occ.	rusı	Oli			·	Sudut	211
	V =	DUE TO	Hv	pertension	and	generalize	d arte	riosclei	nsis	years	2
	Conditions, if	ediote couse		FOLIOIDIOI		50110141110		11000101	. 0520	year	
	(a), stoting the										
z		(c). THER SIGNIFICANT CONE	NTIONS CO	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NALDISEASE	CONDITION GIV	EN IN PART	1(a) 19 WAS	AUTOPSY
CERTIFICATION					•						ORMED?
Ĕ	20a. EXTERNAL CA	USE WAS 20	DESCR-BI	E HOW INJURY OCCUR	RED. (En	er nature of injury in Por	l or Port II o	f item 18.)		1.02	110 1491
E.	PRIMARY OF CO	ONIRIBUTING LI				. ,					
MEDICAL	20c. TIME OF INJ		20d.	INJURY OCCURRED 20	e. PLACI	OF INJURY (Home, form	20f. (City	or town}	(Coun	ty)	(Stote)
NEO I	Hour o.m		While of we	e Not while	factor	y, street, office bldg., etc.	1				
	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X, and find that										
			-	Accident [],			-	determined of		<u></u>	(1110)
			-	<b>.</b>		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	ACTUAL SIGNATURE	to a con	Bo	mater		MLD CHIEF MEDICALEX	(AMINER			DATE	SIGNED
	JIGHATURE					ASSISTANT MEDIC	AL EXAMINER				
	EXAMINER'S NAME (Type)	Frank J. B	cosch	na <b>r</b> t.		DEPUTY MEDICAL	EXAMINER 🔀		May 4	1960	)
220.	BURIAL CREMATI	ON, 226. DATE THEREO		27c. NAME OF CEMETER	RY OR C	REMATORY	22d LOCATI	ON (City, town,		(Ste	
F	REMOVAL (Specify Burial	5/6/60		Arlingto	n N	ational	Arl	ington	. Vir	ginia	
	FUNERAL DIRECTO			ADDRESS		24o. REC'	D BY REGISTR		STRAR'S SIGN		
I	Robert A	A. Pumphre	у В	ethesda,	Mar	yland DATE MI	NY 5 '6	0 0.	other S. 1	France	

.

	ector,	WITH	_		
	7	al e	-	1	
	terol d	P P	1	"	
	he fy	how		,	1
	by ‡	0 2		A	1
)	2. Q	Jan		à l	
	E E	ges	leath.		
	letely	ď.	fter o	_	
	and completely filled in by the	aper	2		,,,,
	pue	d up	2 bo	l.	1
	ion	carb	4.07		No
	hysic	nove	wi.		
	ing p	e re	ever		
	Hend	pleos	any		
	he o	it. Then please remove carban papers. Pages 1 a	nd ir		
	O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician	==	te Board of Heaith prior to burial, cremation, or removal, and in any event within 72 hours		
	gned	page 3 should be detached far use as the burial-transit permit	emov		
CION.	en si	ansit	70	á	
ing physi	as be	al-tre	atian,	۱	
guir	ole h	buri	Crem		
litenc	rtifice	s the	rial,		
0	is cel	use o	ng p		
Spila	ier th	I for	10.1		
e ho	t: Aff	ochec	ith p		
57.1	50	dete	f Hec		
I hed by the hospital or attendit	DIRE	ld be	ard o		
Ì	RAL	shou	e Boc		
may be	UNE	ge 3	Stal		
mo	10 F		the		
A N	1 s	[4]			
- 6		-			

THENDING PHYSICIAN: The low requires that the death certificate be executed within 2.

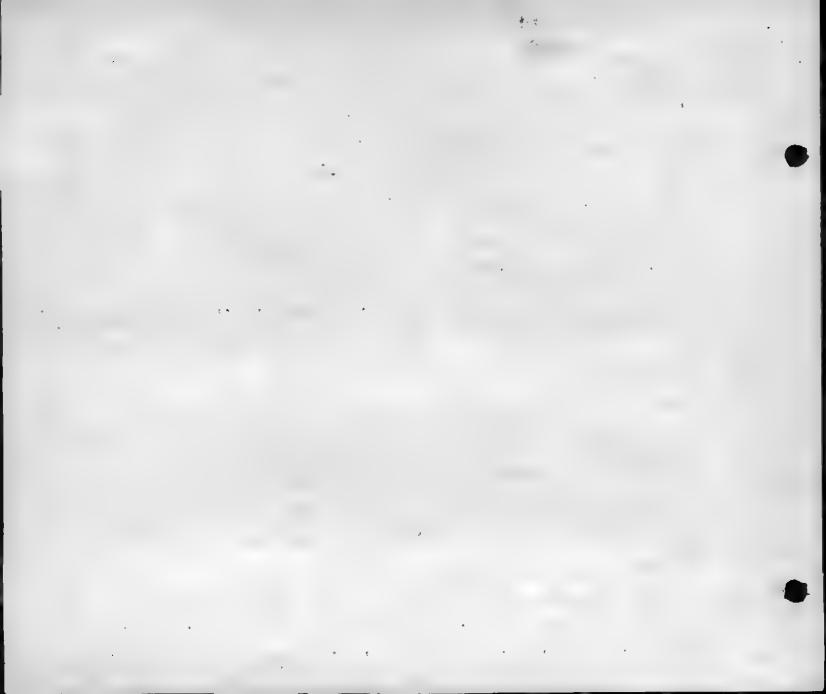
rs after death. Page 4

1. PLACE OF DEATH     O COUNTY	MONTGOVER	<i>.</i>	MARYLAND	2. USUAL RESIDENCE (  o STATE MATY	Where decease		ion: Residence MONTG		
6 CITY OR TOWN RURAL and give SIT		ls, write	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (	If outside corpo		RURAL and giv	re nearest to	own)
d NAME OF HOSP OR INSTITUTION	739 SITGO			/d STRE TADDRESS 739 SLIG		5		ON	RESIDENCE N A FARM?
3 NAME OF DECEASED (Type or print)	Fir JAM	_	Middle S.	lost HUNTER	4. DATE OF DEATH	Mor MAY		Doy 28	Yeor 19 60
s sex MALE	6. COLOR OR RACE WHITE	7. MARR	DIVORCED.	8. DATE OF BIRTH 1/9/83		9. AGE (In years last birthday) 77 yrs		YEAR IF UN Pays Hou	
MACHINIST	irking life, even if retired	)	KIND OF BUSINESS OR IND d Fire Arms C	o.   MARYLAN	ND D	auntry)	12 CITIZE	U.S.	A.
JOHN HUNI	e D			14. MOTHER'S MAIDE	n name ET BARR(	DE PAGA INI			
	E. IN. U. S. ARMED FOR   Ill yes give wor or dates of a	CES? 16.		INFORMANT rs. Gordon Bo		Add	dress go Ave		
Conditions, if gave rise to couse (o), stoting lying couse last	g the under-	<u>}</u>	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GI	VEN IN PART	(a) 19. WA	AS AUTOPSY
OR CONTRIBUTION	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I ar Par	rt It of item 18.)		YES	
20c TIME OF INJU Hour o. m p. m	. 10	While		PLACE OF INJURY (Hame, fi factory, street, office bldg.,		y or town)	(Co	unty)	(State
	osed alive an	oftend Dr.	ed the deceased fram	death occurred at	MED DIRECTOR	the couses of	f		(we) lasted above
22c PHYSICIAN'S NAME (Type)		MARS	Ε	22d. ADDRESS	voll	, 4	bonalar	h	Jud
EMILITATION	-	)F	23c NAME OF CEMETERY FT. LINCOLN			TION (City, town, INCE GEO.	. COUNT	Y, MA	Stote)
24 FLNERA DIRECTO	R'S SIGNATURE Y	INC.	STEVER SPRI	NG, MD, 250. R	EC'D BY REGIS		ISTRAR'S SIGN		



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Page 6. COUNTY director. Pay MARYLAND c. LENGTH OF STAY IN 16 . CITY OR TOWN (If opiside corporete | m is, write RURAL and give rearest lown) Boar NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give street eddress) e. IS RESIDENCE 3 to the funeral ON A FARM? be retained NAME OF First DECEASED OF 中 1950 (Type or print) DEATH with 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED may b Page 5 may so 1 and 2 will in 72 hours XX yrs. WIDOWED [ ould be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, as 10a. USUAL OCCUPATION (Give kind of work 1D6 KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) child pages 1 within none Office along with form PM3. burial-transit permit. File page: noval, and in any exent within 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17, INFORMAN (Yes, no, or unkown) | (Ifyes give war or dates of service) Mr. Moss Jacobs, Jr., 9132 Piney Branch Rd. none 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), end (c).] Silver Springervalpriveen PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Condifions, a any, which gave rise to immediate cause "pending" DUE TO (a), stating the underlying 8 cause last. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY CERTIFICATION PERFORMED? the word -NÓ Medical plnods 2Da EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH lease execute the certificate, writing should be forwarded to the Chief of FUNERAL DIRECTOR: Page 3 so it is designated agent, prior to buria 1 2Dd, INJURY OCCURRED 200, PLACE OF INJURY Home, farm, 20f. (City or lown) 20c. TME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While at work at work 19 60 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection and in my opinion death resulted from: Natural causes Accident | Suicide ] Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS.STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county) DEL 228, BURIAL, CREMAT ON | 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) PRINCE GEO. COUNTY. MARYLAND FT. LINCOLN CREMATORY 240 p CREMATION 5/9/60 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE SPRING, MD. SILVER VS. A15ME Chilling S. Frank '60 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



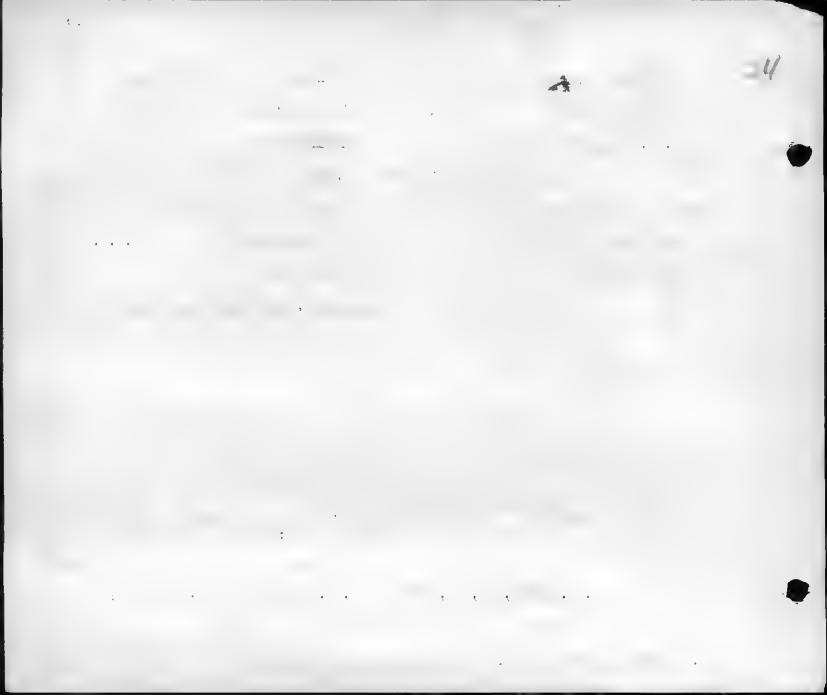
Page 4		irector.	ed with	_	_
52 TO MOSP* OR ATTENDES ■ TITICIA ■: The law requires that the death certificate be executed within 24 Is offer death. Page 4		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	ald be fif	t to make the	4
offer		/ the	2 shot		
Ď	)	inby	pub		
thin 24		y filled	ages 1	the State Board of Health prior ta buriol, crematian, or remayal, and in any event, with-72, haurs after death	
i∧ pa		pletel	ers. P	ofter	
XECUP		E CO	pabe	haurs	_
pe III		מם ענ	orbon	Z Z	
tificate		hysicio	nave c	it, with	
h cer		ling p	se rei	ever	
dead		altenc	pied	in an)	
at the		. the	Then	and	
es th		ed by	ij.	avol,	
redni	do.	sign o	sit pe	л геп	
<b>™</b>	hysici	s beer	I-tran	ian, c	
	ing p	te ha	buria	тета	
CIA	ottend	rtifica	as the	riol, c	
Ä	o or	his ce	use c	Id b	
O	osp to	fler t	d far	prior	
IIND IIND	the h	OR: A	etache	ealth	
R AT	d by	RECTO	be de	of H	
C	L' DE	IL DI	plan	Board	
OSP	be r	NER/	e 3 sh	State	
TO H	The may be recoved by the hosp tal ar attending physician.	TO FU	bod	the	
VR 15	Á	IS   图/S	(III)		

OR ATTENDING ENTIRCIAM: The law requires that the death certificate be executed within 24

VR

s ofter death. Page 4

		004	4.	CEKTIF	CA	E OF DEATE	1			UU	UTI	,
1.	PLACE OF DEATH  a. COUNTY  Montgomes	сy		MARY	AND	2. USUAL RESIDENCE (V	Vhere deceases		an: Resider		e admissi	an)
	Bethesda	If autside carporate limiterest fawn) (Rural)	ts, write c.	132 days	N 1b	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)						
	OR INSTITUTION	rat (If not in hospital, g	_	ess)		d. STREEM 100 PESS 612 XCOOK	Ave.					PARM?
	NAME OF DECEASED (Type or print)	Fin <b>Loi</b>		Middle <b>Elizab</b>	eth	Lost JAMES	4. DATE OF DEATH	Man MB.1		Day 18		1601 1960
5. :	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIE		. DATE OF BIRTH		9 AGE (In years	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.
?e	male	Caucasian	WIDOWED [	DIVORCED		6-2-15		last birthdoy)	Months	Days	Haurs	Min
100	USUAL OCCUPATION during most of work Housewife	DN (Give kind af work of king life, even if retired)	dane 10b KINI	O OF BUSINESS OF	R INDUST	RY 11. BIRTHPLACE (Stor	te ar foreign o Cornia	ountry)		S.A.	WHATC	OUNTRY?
13.	FATHER'S NAME		,			14. MOTHER'S MAIDEN	NAME					
'	Ross CART					Lois PERS	SONS					
		R IN U. S. ARMED FOR {If yes, give war or dates of so		IAL SECURITY NO	17, INI	ORMANT		Addi	ess			
	8.0			one	H)	) Joseph Jan	nes, sa	me as #2	abov	e		
ICATION	Canditions, if a gave rise ta i cause (a), stating lying cause last.  PART II. OTI	mmediate the under- CON	)	C, 1770 177 &	TH BUT I	NOT RELATED TO THE TERM	MINAL DISEAS	5.04	'EN IN PAR	1	PERFO	011/12_
MEDICAL CERTI	OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour o m  p. m	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  RY Manth, Doy Yes  19		Y OCCURRED Not while	20e. PLA	CE OF INJURY (Hame, for ory, street, affice bldg., e	rm, 20f. (Cily	ar lawn)	(	County)		(State)
2		7	) attended	the deceased	that de	ATTENDING PHYS.		STAFF PHYS	d an the	e date	stated	DATE
	REMOVAL (Spec fy) Burial	5-20-60	OF 23	Arling		National	Arli	TION (City, tawn, o	V	irgi		e)
	FUNERAL DIRECTOR	171	7 8	ADDRESS	. C	25a RE	C'D AX REGIS	25b. REGI	STRAB'S SI	GNATUR	LAMA	





may be Ched by the haspital ar attending physician  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be freat the State Board of Health prior to burial, cremation, ar remayal, and in any ever within 72 hours after death	1	1 0
2 2		ŀ
nuld I		4.0
sho sho		(
n by	_	
pa l'	3	5
y f.11 ages death	5	5
s P steri		]
amp aper	10	a
pu d o		
500	13.	
	10	
rem ve	[Y	9
ndini ny e	-	9
afte afte in a		
the and		
d by mit. val.		
gne		
or I	z	
shysical transfer of the state	ATIO	
ng p burit	T FIC	
fical fical the ol, co	CER.	
buring as	MEDICAL CERT FICATION	-
for this trips of tri	ME	
ospi offer prio		
y the h TOR: A defoche Health		
by a		
DIR Jid b ord c		
Shirt Box		j
may be coned by the haspital at altereding physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulle page 3 shauld be detached for use as the burial-transit permit. Then please remore carbon papers. Pages the State Board of Health prior to burial, cremation, ar remayal, and in any every with 72 naurs after death.	23	Q
may be coined by the haspital at attending physician TO FUNERAL DIRECTOR. After this certificate has been st page 3 shauld be detached for use as the burial-transit the State Board of Health prior to burial, cremation, and		
-	24	

VR A15 (4) 1SM 9/59

UUAU						
D. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived If institution, D.C.	on Residence before admission)		
b CITY OR TOWN (If outside corporate timit	s, write c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	utside carporate I mits, write R	URAL and give negrest fown)		
RURAL and give nearest town)				11712		
Bethesda (Rural)	29 days		ton D.C.	1 10 250 051 05		
d NAME OF HOSPITAL (If not in hospital, gr OR INSTITUTION		d STREET ADDRESS		S IS RESIDENCE		
U.S. NAVAL	HOSPITAL	4016 13th Pla	ice N.E.	YES NOT		
3 NAME OF First	st Middle	Last	4 DATE Mon	nth Day Year		
(Type or print) August	t William	JOHNSON	DEATH MAY	21. 1960		
5 SEX 6. COLOR OR RACE	7 MARRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years	IF UNDER TYEAR IF UNDER 24 HR		
Male Caucasian	WIDOWED TO DIVORCED	5-7-1863	last birthday)  977 yrs	Months Days Hours Min.		
10a. USJA. OCCUPATION (Give kind of work d	lone 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign country)	12 CITIZEN OF WHAT COUNTRY		
during most of working life, even if retired)	Navy guard	Sweden		IT C A		
13. FATHER'S NAME	- 7 0	14. MOTHER'S MAIDEN N	IAME	U.S.A.		
Unknova	4.5	Unknow				
IS. WAS DECEASED EVER IN U. S. ARMED FORG	CES? 16. SOCIAL SECURITY NO. 17	NFORMANT	Add	ress		
(Yes, no, or unknown)   (If yes, give war or dates of se	nrvice)	Il Man Thomas T				
		() Mrs Emma L.	JOHNSON 4016	13th Pl.N.E., WD		
1B. CAUSE OF DEATH [Enter only one cou	use per line for (a), (b), and (c).	00		INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	Munona	my Toler	va	3hour		
- 3 day DUE TO	70	1		0 - 0		
Conditions, if any, which ) (h)	Miramias	6. nec.)	hiddly Menn	nul 3 week		
gave rise to immediate DUE TO			and	Ween !		
couse (a), stating the under- lying cause last.						
	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NALDISEASE CONDITION GIV	EN IN PART 1(a) 19, WAS ALTOPS		
PAN II. OTHER SIGNIFICANT COND				PERFORMED? YES 🤼 NO		
200 ACCIDENT WAS LINDEDLYING TI	20b. DESCRIBE HOW INJURY OCCURRE	D (Fater nature of minery in I	Port Lor Port II of Jam 18 )	TIS ES TO		
OR CONTRIBUTING CAUSE OF DEATH	and describe the state of the s	teller house or injury in .				
Z 20c TIME OF INJURY Month, Day, Yea	- 20 INTURY OCCUPATED 20 9	ACE OF INJURY (Hame, form	705 (51)	10		
□ Hour a.m.	White Nat while 20e. Pt	ctory, street, affice bldg., etc.		(County) (State		
₩ p. m. 19	ot wark ot wark		i			
21 I certify that (I) (Francisco	attended the deceased from.	April 21 19	60. to May 21	, 19 60. that (I) (year los		
saw the deceased alive an May				ad an the date stated above		
22o. SIGNATURE				22b DATE		
Charles	nel as al	M D PHYS.	ED STAFF RECTOR PHYS	SIGNE		
22c PHYS CIANS	and ty	22d ADDRESS				
J. M. YOUNG	LT MC USN	II C News	1 Woomitel Re	thords 144		
			1 Hospital, Be			
REMOVAL (Specify)			23d LOCATION (City, town,			
254 00	Fort Lincoln		Fort Lincol			
24 FUNERACDIRECTOR'S SIGNATURE	C-(S/PODRESS			STRAR'S SIGNATURE		
Lee Funeral Home 4t	th & Mass. Ave. N.E.	WashDC DATE N	AY 2 4 '60 C	Contract d. I Change		

\*\*

\* . \*\*\*

. .

2 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

18 Film

director

funeral

8

should

25

.⊆

filled

۵

pup

altending

signed

After

FUNERAL DIRECTOR

10

VS A15 (4)

15M 9/IIB

detached

T

poge

physician. burial-transit been

papers.

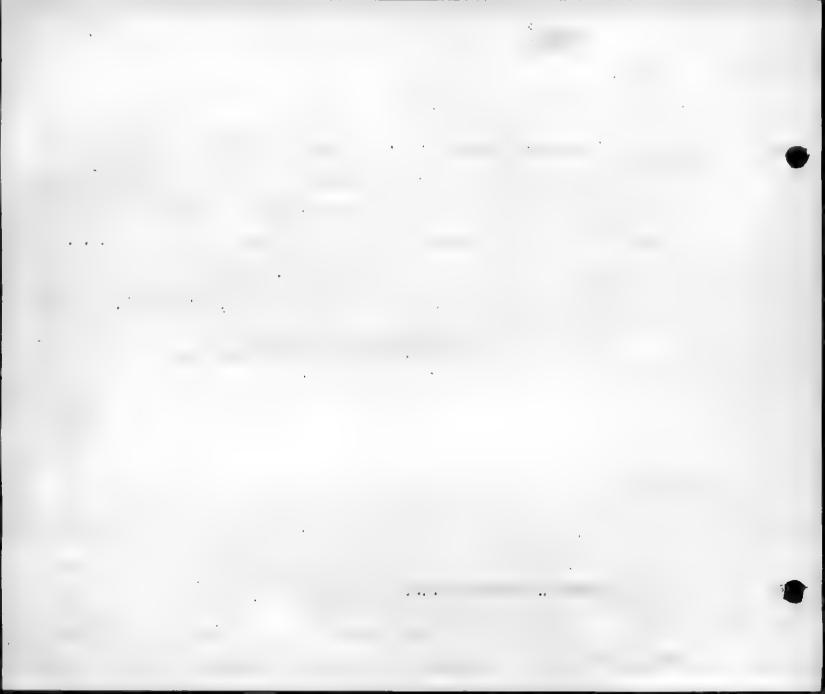
pan

ġ physicio

remave

eose

ā



puo

ages

papers. cample

death

ofter

QUES

within physician

event,

гета

ease any

늅

filled

letely

pup

attending

‡he pup

þ igned by permit.

has been si

certificate the SID

After this 0

FUNERAL DIRECTOR:

VR A15 (4)/

ISM 9/59

pau

o 0 detached Health

shauld

c)

or attending

haspital

burial-transit ь

crematian,

Pu

prior

Board

ä

VS A1S (4) 15M 9/SB 23. FUNERAL DIRECTOR'S SIGNATURE

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

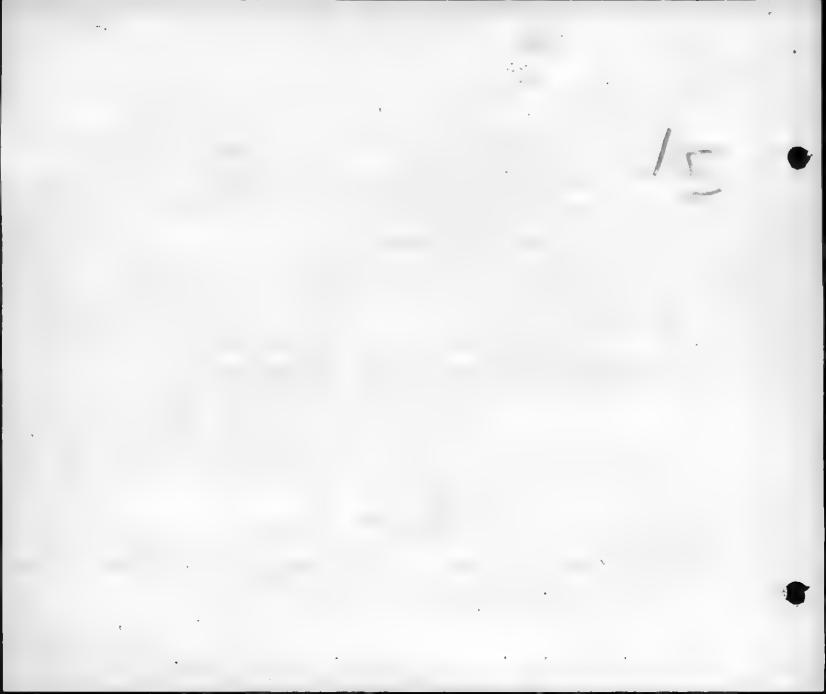
05945

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR DATE-UN 2 '60

	5909 CERTIFIC	AIE OF DEATH	Reg. Dist. I	No.
	PLACE OF DEATH COUNTY	2 USUAL RESIDENCE (Where deceded on STATE	osed rived. If institution Residence b	pefore admission)
	MONTA EMERY MARYLAND	Maryland	b. COUNTY Menta	cheru
	. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16		rporate limits, write RURAL and give	
-	RURAL and give regress town Mid. Since May 24	. 1960 /	61	
_	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	19	e. IS RESIDENCE
	Washington Sanitarium + Hospita	1 12910 Colesvil	le Rd.	ON A FARM? YES NO P
3.	NAME OF First Middle	Lost 4. DAT	E Month	Day Year
	Type or print) Filhert Malana	thum Koller DEA	m 5°	29 1960
5.	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		EAR IF UNDER 24 HRS
	Male White WIDOWED DIVORCED	11-25-75	lost birthdoy) Months Doy	ys Hours Min.
10c	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IND dupping most of working life, even if retired)	PUSTRY 11. BIRTHPLACE (Stote or foreign	12 CITIZEN	OF WHAT COUNTRY
	Frocer (retired) Own Produce	Virginia	, 4,	5. A
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		5/11.
	Lou Keller	unknown	Keller	
ıc	WAS DECEASED EYER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT	Address	
(Ye	, no, ar inknown) (If yes give war or dates of service)	17	Address	
	No none	U.S. Hosp Kee	ords	
	1B CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]			NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	Q usulfacionica	acuto	4 days
	TO A DUE TO		,	at least
	Conditions, if ony, which) the arteriosclass	ti Part dies	. 0	a ready
	gove rise to immediate	ece neur austi	e .	10 years
	couse (o), stoting the under. DUE TO			,
_	lying couse lost. ) (c)			
ATION	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISE	ASE COND TION GIVEN IN PART 1(c	PERFORMED?  YES NO TH
Ę.	200 ACCIDENT WAS UNDERLYING TO 206 DESCRIPE HOW INJURY OCCUR	RED. (Enter noture of injury in Port or I	Port II of stem 18.1	100 1100
L CERT	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	need, (estimate the transfer of the transfer of the	on no	
₹		PLACE OF INJURY (Home, form, 20f (C	Lity or town) (Coun	nty) (State)
¥E0	Haur a, m, While Not while at work at work	factory, street, office bldg., etc.)		
45		24	20 /-	
	21. I certify that I attended the deceased from November			
	olive on May 28 , 1960 , and that dear	th occurred at 9:154 M, fro	m the causes ond on the de	ate stated above
		ADDRESS	(Street, city or town, state)	DATE SIGNED
	SIGNATURE Claron H, / rasem	M.D. 8237 Georgia Cla	re Schoe Sorne Mo	1 Was 30 A
		7 7 7	110	/
	PHYSICIAN'S AARON H., TRAUM			
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d, LO	CATION (City, town, or county)	(State)
T	REMOVAL (Specify) 6/1/60 COLESVILLE CH	EMETERY MON	TGONERY COUNTY,	MARYTAND

SILVER SPRING, MD.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
OTE
CERTIFICATE OF DEATH

6016

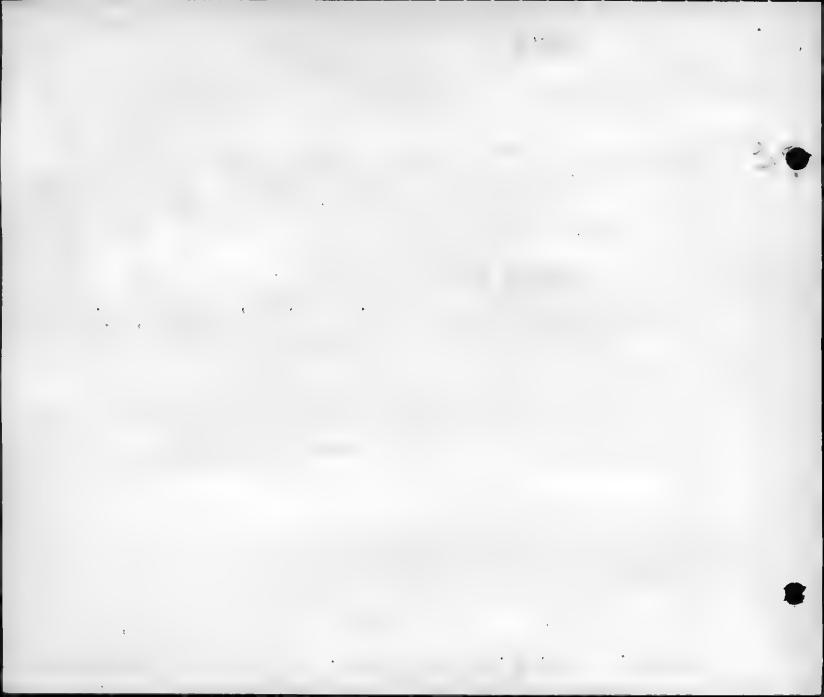
05946

- 14								
	Death County montamery Co	MARYLAND	2 USUAL RESIDENCE (WH	ere deceased lived. If institu b. COUNT	mon Residence before admission)			
)	RURAL and give nearest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN (FO	Litside corporate limits, write	RURAL and give nearest town)			
	d. NAME OF HOSPITAL (If not in hospital, give street as OR INSTITUTION Wheaton NUrsing Lome		16. STREET ADDRESS 1605 Woodman AVE  o is residence on a farm yes no					
	NAME OF DECEASED (Type or print) Gertrude	Middle	Kenna	4. DATE MCOF DEATH	Day Year 2 4 1960			
	1- W WIDOWEL	DIVORCED []	Fet 5, 1888	9. AGE (In year)	Months Days Hours Min			
		and of business or indus	England	or foreign country)	12 CITIZEN OF WHAT COUNTRY?			
	13 FATHER'S NAME	LONGFELLOW	14. MOTHER'S MAIDEN N EMILY GAYT					
4	(Yes, na, or unknown) (If yes, give war or dates of service)		FORMANT	Ad	dress			
	18. CAUSE OF DEATH [Enter on y one couse per line		s. Edith M. K	ing, 1605 Woo Silver Spr				
\ \ \	Conditions, if any, which gove rise to immediate couse (a), storing the under-lying cause lost.  Conditions, if any, which gove rise to immediate couse (a), storing the under-lying cause lost.  Conditions, if any, which gove rise to immediate couse (b).  DUE TO  Part IB. OTHER SIGNIFICANT COND TIONS CO	Ontributing to death but	NOT RELATED TO THE TERMI	NALD SEASE CONDITION G	IVEN IN PART 1(0) 19. WAS AUTOPSY			
	PART II. OTHER SIGNIFICANT COND TIONS CO	RIBE HOW INJURY OCCURRED	). (Enter nature of injury in	Part I or Part II of item 18.)	PERFORMED? YES NO			
	=	Not while fee	ACE OF INJURY (Home, farm fory, street, office bldg., etc	20f. (City or fown)	(County) (State)			
	21 I certify that (I) (this haspital) attende saw the deceased alive on May 22		(11)		34, 1969 that (i) (we) last and an the date stated above.			
	220. SIGNATURE Connet a.	Porter June.	ATTENDING M.D. PHYS. 22d. ADDRESS	ED STAFF RECTOR PHYS	May 24,1960			
	NAME (Type) Bennet A. Por	ler, Jr., M.D.	9301	Colesville Ro	- Silver Spring Ma			
	230 BURIAL CREMATION, 236 DATE THEREOF BURLAL 5/2 6/60	230 NAME OF CEMETERY OF PARKLAWN CEME			OUNTY, MAPYLAND			
	24 JUNERAL DIRECTOR'S S GNAJURE  XAMMUNA (L. BLARCA)	ADDRESS SILVER SPRING		MV 0 = 100	GISTRAR'S SIGNATURE			

rs ofter death. Page 🐠 🔭 may be \_\_ined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayol, and or event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2A

TO HOSP VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. **b.** COUNTY IS RESIDENCE ON A FARM? YES NO NO 19 9 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO

(State)

20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Stote)

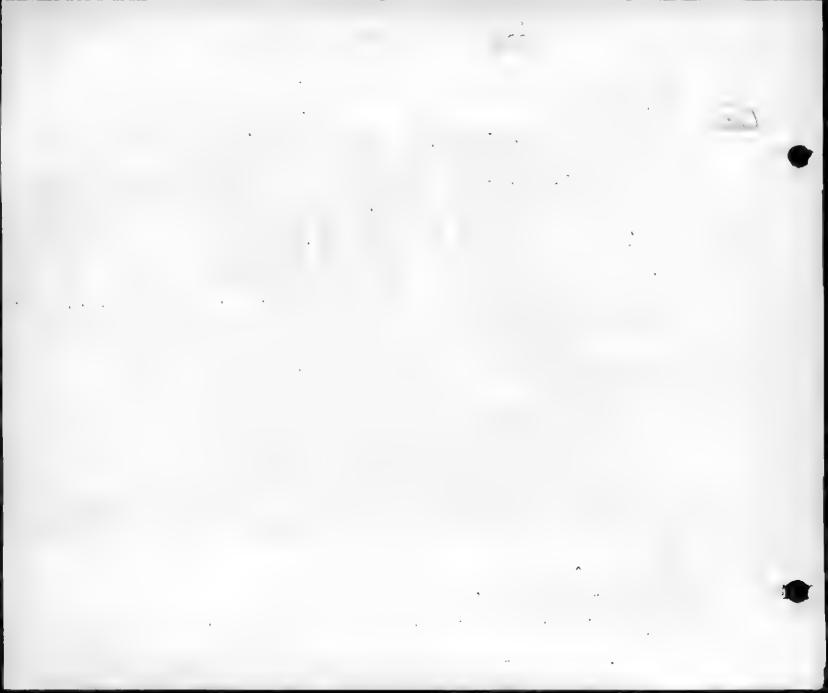
5 - 21 1949 that I last saw the deceased 19 6 0 , and that death accurred at JOAM, from the causes and an the date stated above.

ADDRESS (Street, city or town, state)

22d LOCATION (Cty. town, or county) HYETTSVILLE, Md.

24b. REGISTRAR'S SIGNATURE DATE MAY 2 4 '60 Callun & Three

VS A1S (4) 15M 9/58



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

05948

M

be filed

the funeral shauld be fi

25

completely f papers. QUES

puo carbon

physician o Ē

permit.

the buriol-transit

OSe

detached far prior

pe

3 should

the

crematian,

has been signed

cert ficate

After this

puo Pa Pages death 1, PLACE OF DEATH a. COUNTY MONTGOMERY

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE WISCONSIN

b. COUNTY

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) KENSINGTON

30 days

MELWAUKEE

d. NAME OF HOSPITAL (If not in hospital, give street address)

OR INSTITUTION Kensington Gardens Rest Home

IS WAS DECEASED EVER IN IL S ARMED FORCES? IA SOCIAL SECURITY NO. 12 INFORMANT

d. STREET ADDRESS. 2777 S. Shore Drive e. IS RESIDENCE ON A FARM? YES NO 12

l	3. NAME OF DECEASED (Type or print)	OTTO	PAUL PAUL	KETTNER	OF DEATH	MAY	1'	7 1	9 60
	S SEX MALE	Table Triples	MARRIED A NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 5/11/77		9. AGE (In years lost birthday) 82 yrs	Months Doys	Hours	R 24 HRS Min.
	during most of work Electrical	ing life, even if retured)	DuPont Company	STRY 11. BIRTHPLACE (Stote Michig		auntry)	U.S		OUNTRY?

13. FATHER'S NAME

CERTIFICATION

AUGUST KETTNER

14 MOTHER'S MAIDEN NAME

THERESA PETZOLD

Address

	(Yes, no, or unknown)	( If yes, give war or									
ı	YES		American	396-09-0458	Col.	W.	Dixon	Smith.	11.300	Caplinger	Rd.
i	1B CAUSE OF	DEATH [Enter on!		for (o), (b), and (c).]						oring NTENAL B	

PART I. DEATH WAS CAU	ISED BY CAUSE (o)
534x	DUE TO
Conditions, if any, which gove rise to immediate	(b)

exchant aterroellerois

lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART 1(0) 19. WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

PERFORMED? YES NO NO

(Stote)

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Day, Year 20d, INJURY OCCURRED While Not while at work ot work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

19 60, that (1) (we) last and that death accurred a P.M. from the causes and an the date stated above

saw the deceased alive an 22o, SIGNATOR

ATTENDING PHYS MD

22d. ADDRESS

(Stole)

22¢ PHYSICIAN'S NAME (Type)

23o, BURIAL, CREMATION,

REMOVAL (Specify)

82

20c. TIME OF INJURY

Hour o. m.

p. m.

DONALD NELSON

5/20/60

23b. DATE THEREOF

21 | certify that (1) (this bospital) attended the deceased fram...

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, Iown, or county) MILWAUKEE. WISCONSIN

250 REC'D BY REGISTRAR DATMAY 2 0 '60

25h. REGISTRAR'S SIGNATURE Chilling S. Huma

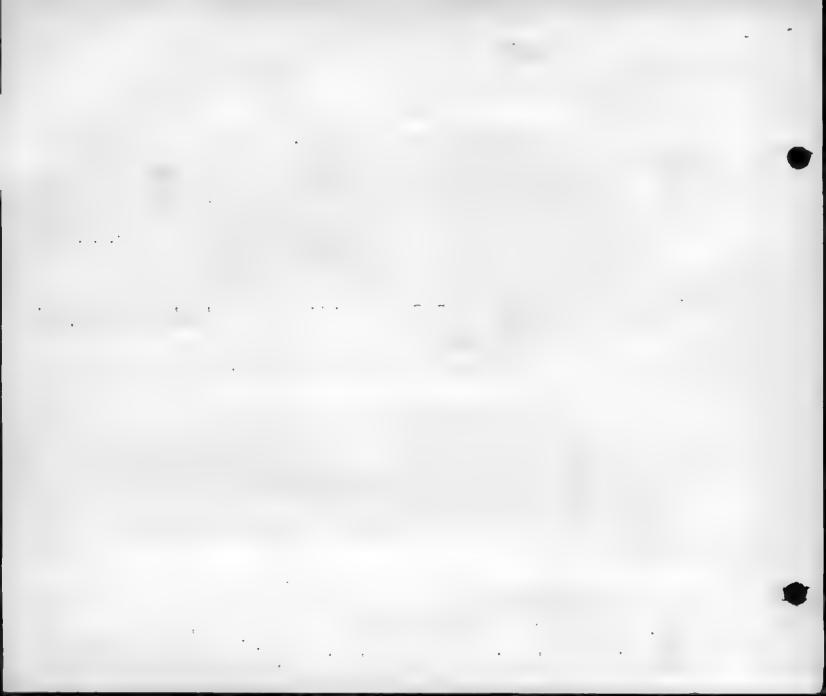
page 3 sh the State 1 0 VR A15 (4) 15M 9/59

FUNERAL DIRECTOR:

BURLAL

SPRING, MD.

WOODLAWN CEMETERY



05950

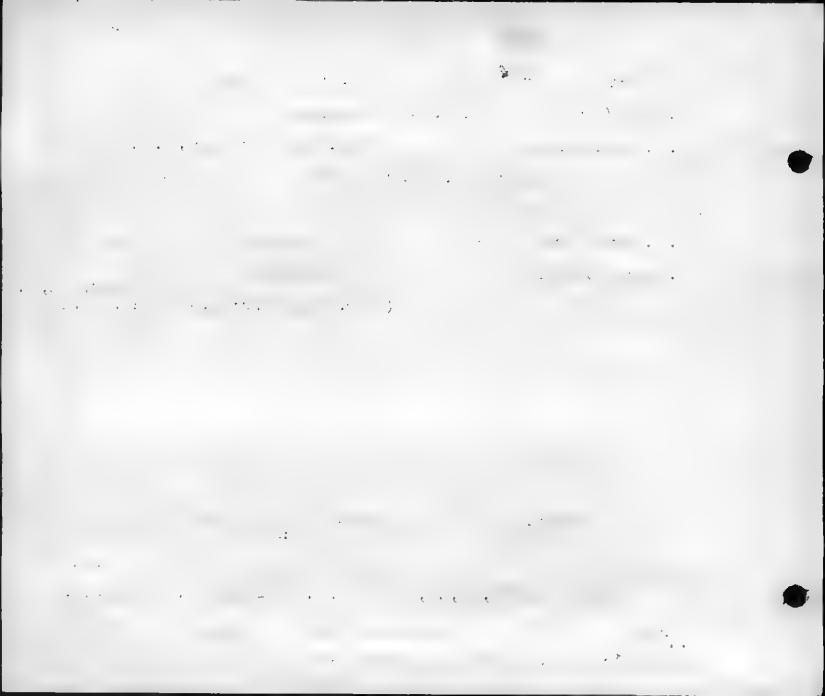
	.,	· ·	04.6	OEK III I	4711	01 017111	•				
	PLACE OF DEATH O. COUNTY MORTGOME			MARYL		USUAL RESIDENCE (W. o. STATE  Bistrict of		<ul> <li>b. COUNTY</li> </ul>		efore admis	ion)
ŀ		V (If outside corporate	limits, write	c. LENGTH OF STAY IN	- 11	c. CITY OR TOWN (IF			URAL and give	nearest tow	n)
	Bethesda	/ m n 1		27 days		Washington				1	The same
	d, NAME OF HOS	PITAL (If not in hosp to	I, give street or			d. STREET ADDRESS				e. IS RES	SIDENCE FARM?
		val Hospit	al			2131 Observ	vatory	Place, N	. W.		NO
I	3. NAME OF DECEASED		First	Middle		Last	4. DATE OF	Mor		Day	Year
	(Type or print)	H	erbert	Faulkn	er	LARRICK	DEATH	May	2	24	19 60
	5 SEX	6 COLOR OR RA	CE 7. MARRIE	ED NEVER MARRIED	B. C	ATE OF BIRTH		9, AGE (in years lost birthday)	Months Da		ER 24 HRS
	Male	Caucasia	WIDOWED	DIVORCED		9-7-87		72 yrs	Months Do	/s Hours	Min.
	100 JSUAL OCCUPA	ITION (Give kind of wo	rk done 10b K	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	e or foreign c	ountry)	12 CITIZEN	OF WHAT	OUNTRY
		rine Corps				Virgi	inia		USA		
	13 FATHER'S NAME				3	4 MOTHER'S MAIDEN	NAME		1		
	J. Buhra	an LARRICK				COTE RUDAS	SILLE				
	15 WAS DECEASED	EVER IN U.S. ARMED F		OCIAL SECURITY NO.	17, INFO	RMANT		Add	ress Was	hingt	on, I
	/ Yes	WWI	of zeraics!		(B)	Mr. Bernard	l Larri	lck, 2726	Conn.	Ave.	NW
	1B. CAUSE OF I	DEATH [Enter only one	couse per line	for (o), (b), and (c).]						NTERVAL BI	TWEEN
	PART I, 0	DEATH WAS CAUSED B		torioscle		Horat	Dice	210		SHET AND	
	142	DUE DUE	, ,	IDETO STATE	1011		<u> </u>			1	
	Conditions, is	0.0									
	gove rise to	immediate Dus	(b)								
	Louse (a), stati	ng the <u>under-</u>	(4)								
		<del></del>	ONDIT ONS CO	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	WINAL DISEAS	E CONDITION GI	VEN IN PART 10	19 WAS	AUTOPSY
	PART II.	1000	Antla.	Lic							DRMED?
	20a ACCIDENT	YES NO  200 ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.)									
	20g ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	NG CAUSE OF DEA	TH!		,	, ,					
	ZOC TIME OF IN.	URY Month, Doy.	Year 20d, IN	JURY OCCURRED 2	Oe. PLACE	OF INJURY (Home, for	m, 20f (City	or town)	(Cour	ify)	(Stote
	Hour o. i	m,	While	Not while	foctory	r, street, office bldg., e	tc.)				
		m.	O. HOIK		An	mil 27 1	260	May 24	19_ <b>6Q</b> ,	Ab -A (1)	t
				ed the deceased f	rom, za <u>u</u>	th accurred a6:			, 17_ <b>U</b> 32,	mai (i) i	DOK HOS
П	220 SIGNATURE	eased alive on M	W. ~	and t	nat dea	in accurred digas	LM, Tram	ine causes ar	ia an ine a		b. DATE
		Val my	1. 1H/	2	M.D		MED.	STAFF PHYS.		5-24-	SIGNED
	22c PHYSICANT	S Star / //	1111/11	ma	M.U	22d. ADDRESS	DIRECTOR L	rnis. L		) h-T	
	NAME (Type	John Wood	DAVIS.	LT. MC. U	SN	U. S. Na	val Hos	spital, E	ethesda	. Md.	
	23a BURIAL CREMA	TION, 23b DATE THE		23c. NAME OF CEMET				TION (City, town,		(Sto	te)
	REMOVAL (Spec	5-27·		Arlingt				Lngton		rgini	-
	24 SUNTRAL DRECT			ADDRESS	Are \$10		O'D BY REGIS		ISTRAR'S SIGNA		
	4	1	1300 N	StNW. Wa	shing	ton DC DATE 1	MAY 26'	0.0	rthur 8 4	1	

TO HOSE Connect by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherwise and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Illoard of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs offer death.

VR A15 (4) 15M 9/59

123



deoih.

be

should

puo

on papers.

carbon offer

mdve hours

**e039** wilhin

Ö

2

event

puo

removol.

**burial-transit** 

os the

USe

ached

DIR shauld

FUNE 67

0

page

puo

physician

tending

to

that ģ permit.

requires been signed



23 FINERAL DIRECTOR'S SIGNATURE
WARNED E PUMPIREY INC.
25/58

220 BURIAL CREMATION.

REMOVAL (Specify)

Steven

& BURIAL

22b DATE THEREOF

5/12/60

SILVER SPRING, MD.

KENSICO CEMETERY

22c. NAME OF CEMETERY OR CREMATORY

240. REC'D BY REGISTRAR
DATIMAY 1 1 '60

24b REGISTRAR'S SIGNATURE

(State)

22d. LOCATION (City, town, or county)

KENSICO, NEW YORK



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 14 Firm G262 5/11/60 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission). a. COUNTY o. STATE filed b. COUNTY MARYLAND b. CITY OR TOWN IN outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUPAL and give hearest town) shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION by Hospital NAME OF Middle DATE Month filled DECEASED DEATH (Type or print) Mav IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 8 DATE OF 9. AGE (In years MARRIED NEVER MARRIED lost birthday) papers. ā. com USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if ratingd) puo 13. FATHER'S NAME MOTHER'S MAIDEN NAME 50 Dar physicie remave WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO No Unknown ottending ease deoth 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ā PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gned gave rise to immediate DUE TO couse (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEPAY BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20d, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRISE HOW INJURY OCCURRED, (Enter nature of 'njury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) VEDICAL 20c. TIME OF INJURY Doy, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. While Nat while at wark of wark 21. I certify that I oftended the deceased from alive on and that death occurred at

coined by the DIRECTOR: Any be re-0

SIGNATURE

PHYSICIAN'S

NAME (Type)

220 BUR AL, CREMATION, 22b. DATE THEREOF

A. Pumphrey

23 FUNERAL DIRECTOR'S SIGNATURE

INTERVAL BETWEEN ONSET AND DEATH 19. WAS ALTOPSY PERFORMED? YES NO X (State) (County) \_\_\_ 194eD, that I last sow the deceased \_M, from the causes and on the date stoted obove ADDRESS (Street, city or town, state) Washington Clinic. ames 22d. LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (State) Petersburgh Lancaster. Cem **ADDRESS** 24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Bethesda, Maryland Children & Kenne

Rea. Dist. No.

Months

4

Doys

12 CITIZEN OF WHAT COUNTRY?

IS RESIDENCE

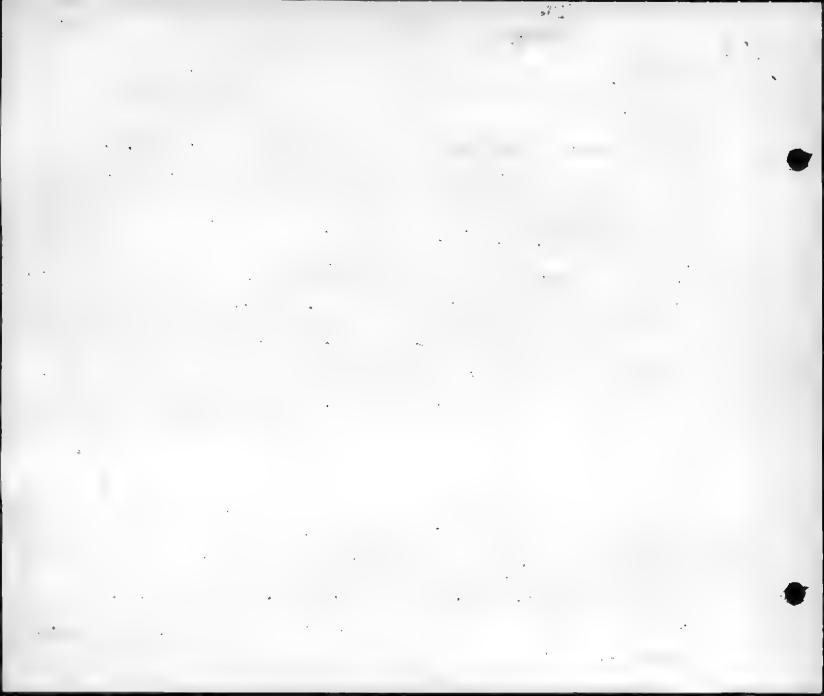
ON A FARM?

YES NO DE

Year

19 60

VS A15 (4) 15M 9/S8



3		8	Op
2		puo	noc
2		ian	000
		hysic	nove
3		ng p	e rer
3		endi	leas
2		e all	en p
		y th	Ė.
3		ed h	in it
7	'n.	şig.	ii.
	/sicio	been	trans
2	(hd E	hos	rial
	ding	core	ie bu
	atte	3rtıf	CIS TH
	0	3.5 C	98
	spite	ter ti	d for
	e ho	· Af	chec
	oy th	10	deto
	e retained by the hospital or attending physician.	ERAL DIRECTOR. After this certificate has been signed by the attending physician and com	3 shauld be detached far use as the burial-transit permit. Then please remove corbon fap
b	eraii	AL C	haul
	(1)	20	45

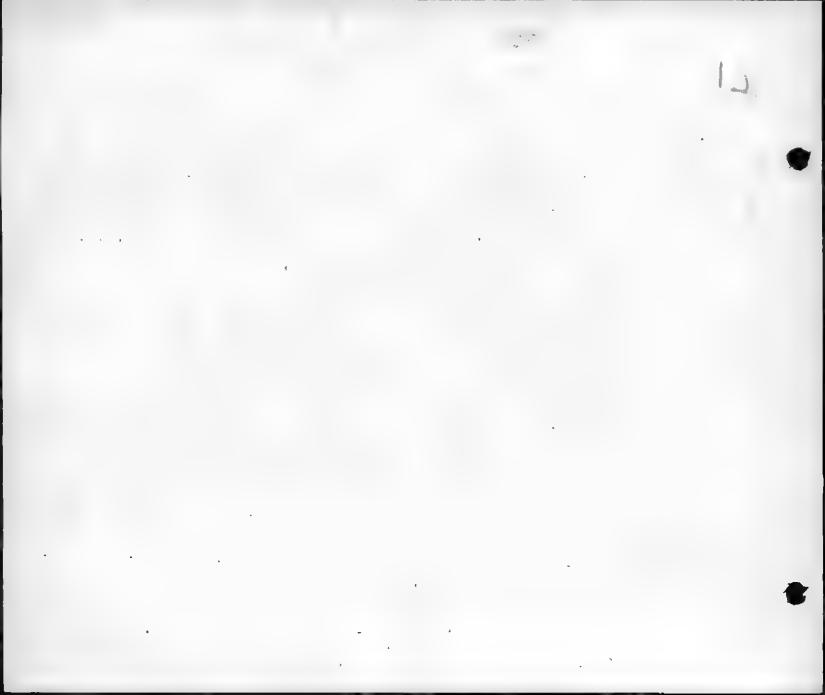
V5 A1S (4) 1SM 9/SB

MARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
6020	CERTIFICATE	OF	DEATH		Pac

05954

**CERTIFICATE OF DEATH** Pag Dist No

					Ked- Dill IA				
	PLACE OF DEATH COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where	deceased aved If institution b COUNTY	Residence bet				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	d NAME OF HOSPITAL (If not in hospitol give street of	oddress)	d street Address 5929 Avon	Drive		e is residence on a farm? YES NO			
	NAME OF DECEASED (Type or print)  First	A. Middle L	INGER 4.	DATE Month OF DEATH	5 25	Yeor 1966			
	sex 6. COLOR OR RACE 7. MARR male White WIDOWE	THE PER PER PER PER PER PER PER PER PER PE	5/27/75	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Months Doys	R IF UNDER 24 HRS Hours Min			
_	USUAL OCCUPATION (Give kind of work done 10b. during most of working ife, even if retired) Actired owner furniture		Washingt		U.S.	A .			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE					
	Henry Linger, Sr.		Kuhla	nd					
15		SOCIAL SECURITY NO. IN	FORMANT	Addre	55				
110	(If yes, give war or dates of service)		Bessie M. Li:	nger sam	e as #	2			
_	1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	e for (o), (b), and (c).]  EREBRAL	T. YROM E	305/5	INI 10	TERVAL BETWEEN USET AND DEATH			
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse last	EREBRAL	HRTER10SC	LEROSIS					
CATION	PART II OTHER'S GNIF CANT CONDITIONS C		NOT RELATED TO THE TERMINAL	l disease condition give	N IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES NO 3			
CERTIF	200 ACCIDENT WAS UNDERLYING [] 20b. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part	I or Port II of item 18.)					
MEDICAL	20c TIME OF INJURY Month, Doy Yeor 20d IN Hour o.m. 19 While p.m. 19	Not while foc	CE OF INJURY (Home form, tory, street, office bldg., etc.)	20f. (City or town)	(Count)	(State)			
	21. I certify that I attended the deceased from Mary , 1953, to Least 25, 196 that I last saw the deceased								
	alive on Frest 24, 1964, and that death accurred at 5/200-M, from the causes and an the date stated above.								
	ADDRESS, Street, city or town, state)  ACTUAL SIGNATURE  ADDRESS, Street, city or town, state)  DATE SIGNED  10609 (CORORD ST), 5-2560								
	PHYSICIAN'S ROBERT TO	THIBAPE	AU REN	SINATON.	p	172			
220	REMOVAL (Specify) 5/28/60	22c NAME OF CEMETERY OF Cedar Hill		d. LOCATION (City fown, or uitland. Md		(State)			
23.		,	N . W . 24g. REC'D 8		IRAR'S SIGNAT				



deoth.

certificate

physicion

44

, Ş

### ARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) director. Passour files. e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN ( founded corporele ! mits c. LENGTH OF STAY IN 16 ō Boa 3 to the funeral State Middle DECEASED (Type or print) DEATH With 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH may b pue 2, ar 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Labre 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT in pencil in Item 18. (Yes, no. or unknwn) | (If yes give werer deles of service) Office along with to burial-transit permit smovel, and in any e 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** gave rise to immediate cause the word "pending" Medical Examiner's DUE TO (e), stating the underlying 88 cause lest. should 20a. EXTERNAL CAUSE WAS 20b. DESCRIPT HOW INJURY OCCURED. (Enter net re of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING age 3 shot CAUSE OF DEATH. please execute the certificate, writing the should be forwarded to the Chief of FUNERAL DIRECTOR: Page 3 s 20c. TIME OF INJURY fectory, street, office bldg., etc.) While Not While et work el work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... death resulted from. Natural causes 📆, Accident . Suicide 7. Homicide . CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b E Mt. Pleasand ... Norbeck. 40 ADDRESS VS. A15ME 5M 7/59

ON A FARM? YES NO Z 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO Month, Dey, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) Inquiry 🔽 and in my opinion Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or country) Md . 246. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE anthur S. Kruss Rockville, Mi. DATEMAY 25 '60

IS RESIDENCE



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6022

### **CERTIFICATE OF DEATH**

05957

Reg. Dist. No.

1	1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	o. STATE MARYL		stitution Residence before MONTGOM	
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GERMAN TOWN	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF O	utside corporate limits, w Z	rite RURAL and give no	grest lown)
2	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION ARYLANDER NURSIN	oddress) IG HOME	/ d STREET ADDRESS 12,115 Hunte	ers Lane		e IS RESIDENCE ON A FARM? YES NO 🛣
	3 NAME OF DECEASED (Type or print) LOUISE	Middle B ]	Lost LONG	4. DATE OF DEATH	Month Do	19 60
	5 SEX 6. COLOR OR RACE 7. MARRI WIDOWE		B. DATE OF BIRTH 5/19/92	9. AGE (In lost birthe	yeors IF UNDER TYEAR doy) Months Doys	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Homemaker  (	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote Maryland	or foreign country)	12 CITIZEN O	FWHAT COUNTRY?
_	13. FATHER'S NAME BENJAMIN CRANFORD		14. MOTHER'S MAIDEN N MARY E		,	
I	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. 1. (15 go, or unknown) (17 yes, give wor or dates of service)	SOCIAL SECURITY NO IN		. Long, Sr.	Address	33 3/3
0	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.  PART II OTHER SIGNIFICANT CONDITIONS C		NOT RELATED TO THE TERMI	NALDISEASE COND THO		19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Not while foo	ACE OF INJURY (Home, farm tory, street, office bldg, etc.	, [20f. (City or town)	(County)	(State)
/	21. I certify that I attended the decease alive on 5 /4, 19.6  ACTUAL SIGNATURE W. G. HALL  PHYSICIAN'S NAME (Type)		accurred at 2 20 A.	M, fram the cause ADDRESS (Street, city or	es and an the date	w the deceased a stated abave.  DATE SIGNED  2 / 5 / 62
	220 BURIAL, CREMATION 22b. DATE THEREOF BURIAL 5/18/60	GATE OF HEAVE		22d LOCATION (City, 1 MONTGOMERY	COUNTY, MA	RYLAND
	23 FUNERAL DIRECTOR'S SIGNATURE OF THE CONTROL OF T	SILVER SPRIN	G, MD. 24s. REC'I	BY REGISTRAR 246.	Chilling J. The	

VS A1S (4) 1SM 9/58



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5927

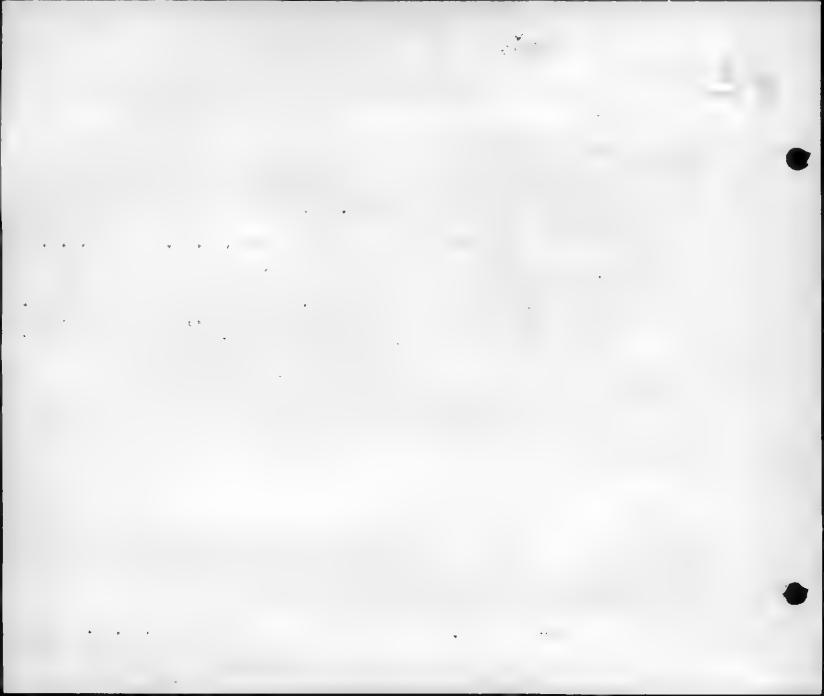
05958

7

1	PLACE OF DEATH			MARYLI	AND	2 USUA O STA	resident	CE (Where deceas			on Residence		dm ssion)
r	Montgome  b CITY OR TOWN (II  RURAL ond give no	f outside corporate limi	ts, write	c LENGTH OF STAY IN	N 15	_c CIT	Y OR TOW	/N (If outside corp					town)
	Chevy C	haga			ļ	Ch	evy	Chase					
	d. NÂME OF HOSPIT	Al. (If not in hospitol, g	ive street o	oddress)	İ	d. ST	REET ADDR	RESS				e. IS	S RESIDENCE ON A FARM?
		mberlin A	venu	е	j.	520	5 Cr	namberl:	in A	vent	ie .		S NO X
3	NAME OF DECEASED (Type or print)	Fir Katherine	\$†	Middle			Lost	4. DATE OF Thr andean	M	Man		Day	Yeor 1960
-	SEX		7	See Chieves and source	. car la	B DATE O		SITT OFFI		(In years	,		UNDER 24 HRS
,	Female	White	WIDOWE	ED NEVER MARRIED DIVORCED	( T.E.	Dec.	15.	1886	rost l	pirthday)			ours Min
10	G USUAL OCCUPATIO	ON (Give kind of work i	done 10b l	KIND OF BUSINESS OR			IRTHPLACE	(State or foreign			12 CIT I	ZEN OF WE	HAT COUNTRY?
	2.0	sing life, even if retired					1/7	la di sa sade assa	D	C		TT	S.A.
12	NONE FATHER'S NAME					14 140		nington IDEN NAME	g De	U.		U.	O . H.
1'3						14 MO				_			
L		_Loughran					Mar	ry Fitz	gera				
	. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO		FORMAN		~ .	10.	Add	8		
	No			None	IT	egina	2 L.	Carley		ste	c )		Md.
	18 CAUSE OF DEA	TH [Enter only one co	use per hin	e for (a), (b), and (c) ]	57	<del>205</del>	jhrenni	berlin	Ave.	<del>, ci</del>	Tevy		RETWEEN.
	PART I. DEA	TH WAS CAUSED BY-	17	1/2/2 some	, 1	-1	1216	121 811	1-11	1	,	ONSE	AND DEATH
ш		IMMEDIATE CAUSE (o	. ,	46227668	r. /		120	121 2 0 0 -	" Mac"			1	14/6-2669
	1 1 1 1	DUE TO	6	ty/-	1	1.1	1	12	17	-			
	Conditions, if a		<u> </u>	· / hat. 726 4	2/	6.6 /6.	the Ames!	2000	hell u	e he c	6 7		
	couse (a), stating												
	lying cause last.	) (c	)										
Z O	PART I OTH	HER SIGN FICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DEAT	H BUT	NOT RELA	TED TO TH	ETERMINAL DISEA	SE COND	TION GIV	PART	1(a) 19 V	VAS ALTOPSY ERFORMED?
N N													S NO
CERTIFICATION	200 ACC DENT WA	S UNDERLYING CO CAUSE OF DEATH MEDICAL EXAMINERS	20b. DESC	CRIBE HOW INJURY OCC	CURRED	Enter no	oture of in	jury in Part I ar Pi	ort II of it	em 1B)			
	1	Y Month, Day, Ye	001 11	INION DECLIDATED 12	in Bla	CE OF IN	SLIDY /Line	- 5 TONE 161		. 1	1,0		4F44-1
MEDICAL	Hour a.m.	19 month, Day, 18	While of work	Not while	fac	tary, street	, office blo	ne, farm, 20f (Ci dg., etc.)	illy or town	1)	10	County)	(State)
_		et (I) (this basnital		ed the deceosed f	rom é	10/:	/	10527 10	37	19//	19/	· C that	(I) (we) last
		sed alive on 2	13,1			/	7	9. 18. 5					
	220. SIGNATURE	sed diffe on	1721	19 <u>46</u> and t	nar a	earn oc	orred o	ILEZ M. Iron	n me co	uses an	id an the	dole 210	22b DATE
	62.11	front from	delle	1 4	,	M D. PHY	NDING	MED DIRECTOR E	STAP PHYS				SIGNED
	22c PHYSICIAN S NAME (Type)		, ,			22d.	ADDRESS		,	4.	/	/.	1 10 1
	L V	164/11-7	-Y0	14NE			Del	- 4466	47	-11	66:	LLE, E	1.1
23	Burial, CREMATIO REMOVAL (Specify)	N, 23b DATE THEREC	OF .	23c. NAME OF CEMET	ERY O	R CREMAT	ORY	23d LOC	ATION (C	ity, tawn,	ar county)		(State)
L	Burtal	6-3-19	960	Mt. 011ve	et	Ceme	tery	Wa	ashi	ngto	n, D.	C.	
24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	,	11	25	O REC'D BY REGI	STRAR	25b REGI	STRAR'S SIG	SMATURE	
	Joseph July	leis & ms. J	N.17	156 fa Che	0.71.	W. Who	R. D. DA	ATEHIN 3 T	60	0.1	Lua P	House	
	71 /1 / 1							27711 0	Marin Control				

TO HOSE

VR A1S (4) 15M II/SP



# FOR STATE and 3 to the funeral director, Page files. to retained to the State B may 2 with uld be executed winner. In pencil in Item 18, Giya Pages 1, Z Office along with a burial-transit permit smoval, and in any e the word lease execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 s DEP 240 p

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if diside corporate ) in is, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outs de corporate limits, write RURAL and que nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR/INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 4. DATE Month DECEMBED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In your IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF SIRTH lest birthdey | Months | Deys | Hours WIDOWED [ DIVORCED 10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY : 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) attival by 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no. or unknwn) ((fives give werordetes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY 200. EXTERNAL CAUSE WAS
PRIMARY TO OF DONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of .tem 18.) 20c. TIME OF INJURY | 20d. INJURY OCCUP D 20e LACE OF INJURY (Home ferm, 20f. (Cuy or town) Month, Day, Year (County) While Not White et work st work 19 600 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Accident 📈 death resulted from: Natural causes Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE S DEPUTY MEDICAL EXAMINER FS NOSCHAN NAME (Type) Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) BURIAL 5/23/60 ROCK CREEK CEMETERY WASHINGTON, D.C. 23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME NIR E. PUMPINITY SILVER SPRING, MD. Chiller S. House 5M 7/59



6023

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with n 21

TO HOSE

VR A1S (4) 1SM 9/59

rs after death. Page 4

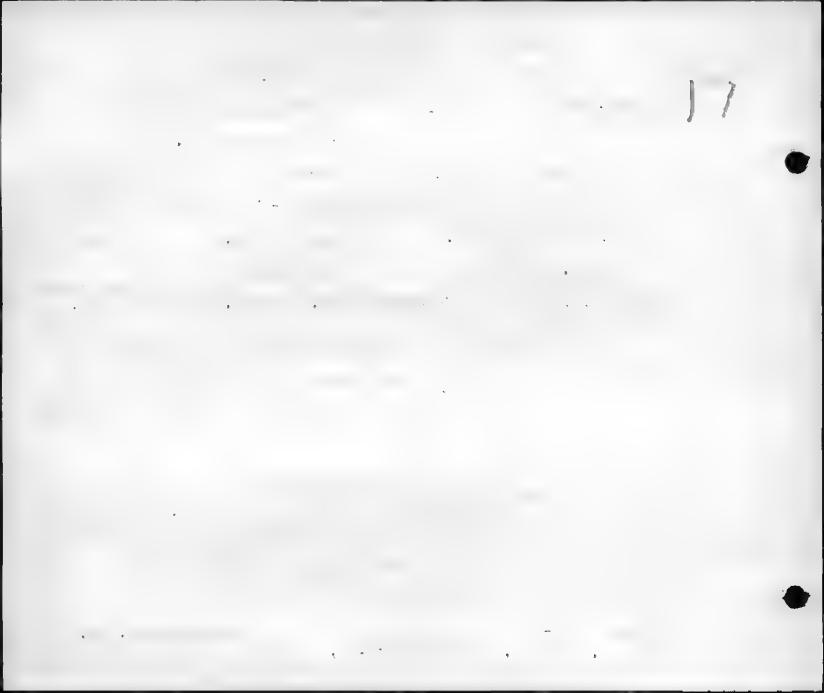
	770								
PLACE OF DEATH O. COUNTY Montgomes	ry	MARYLA	11	USUAL RESIDENCE (Whe o. STATE New Jers		ed. If institution b. COUNTY	Residence b	pefore admission	on)
b CITY OR TOWN (If outside corpo RURAL and give nearest town)		c LENGTH OF STAY IN	16	c. CITY OR TOWN (If ou	Iside corporate	limits, write RUR	AL and give	nearest town)	
Bethesda		23 days		Newark			1-	78	
d. NAME OF HOSPITAL (If not in he OR INSTITUTION	spital, give street	oddress)		d. STREET ADDRESS				e IS RESII	
The Clinical Cent	ter, Beth	esda 14, Md.		41 Dewey S	treet			YES 🗌	NO 🔀
3 NAME OF DECEASED (Type or print)	First Nathan	Middle Theodore	,	Maloratsky	4. DATE OF DEATH	Month Mav		/	960
S. SEX 6 COLOR O		IED INEVER MARRIED		ATE OF BIRTH	9.	AGE (In years If	UNDER 1Y	EAR IF UNDER	
Male White			_	bruary 26,	1920	lost birthdoy) 1	Months Do	ys Hours	Min
10s. USUAL OCCUPATION (Give kind	of work done 10b	KIND OF BUSINESS OR I				try)	12 C TIZEN	OF WHAT CO	DUNTRY?
during most of working life, even in Truck Driver	r retired)	Trucking		New York			U.	S. A.	
13 FATHER'S NAME			1	4. MOTHER'S MAIDEN NA	AME				
Joseph Maloratsky	7			Yetta Funt					
S WAS DECEASED EVER IN U. S. ARA	AED FORCES? 16.	SOCIAL SECURITY NO	17 INFO	RMANTThe Medic	cal Rec	ord Addres	5		
no		36-12-0630	The	Clinical Ce	enter,	Bethesda	14.	<u>Marylar</u>	id
Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost  PART II. OTHER SIGNIFICA	ED BY CALL AUSE (c) CALL DUE TO (b) Rh(c) Mi	rdiac arrest eumatic hear tral & Aorti	t dis	sufficiency	NAL DISEASE CO	ond tion given		PERFOR	ers
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	MINER)	CRIBE HOW INJURY OCC	e PLACE	OF INJURY (Home, form,	20f (City or		(Cov		(Stote)
Hour o, m p. m.	19 While of wor	k ot work	foctory	, street, office bldg , etc )					
21 I certify that (I) (this his saw the deceased alive of 220 S GNALPS (LANGE PHYSICAN'S NAME (Type)  E. Ken	May 31,	19_ <u>6</u> 0, and th	om Ma eat deat	ATTENDING MEI PHYS DIR  22d. ADDRESS The	Clinic		on the d	5/31/6	DATE SIGNED O
230 BURIAL CREMATION, 236 DATE		23c NAME OF CEMETE	RY OR CI			N (City lown, or		(State	
24 FUNERAL DIRECTOR'S SIGNATURE	ales d	ADDRESS OF	-146	45 11 250. REC'D	BY REGISTRAL	R 25b, REG/ST	RAR'S SIGN.		



Cothur S. House

Вu signed physician. uned by the FUNERAL 10 V5 A15 (4)

15M 9/5B



TO HOST

VR ATS (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

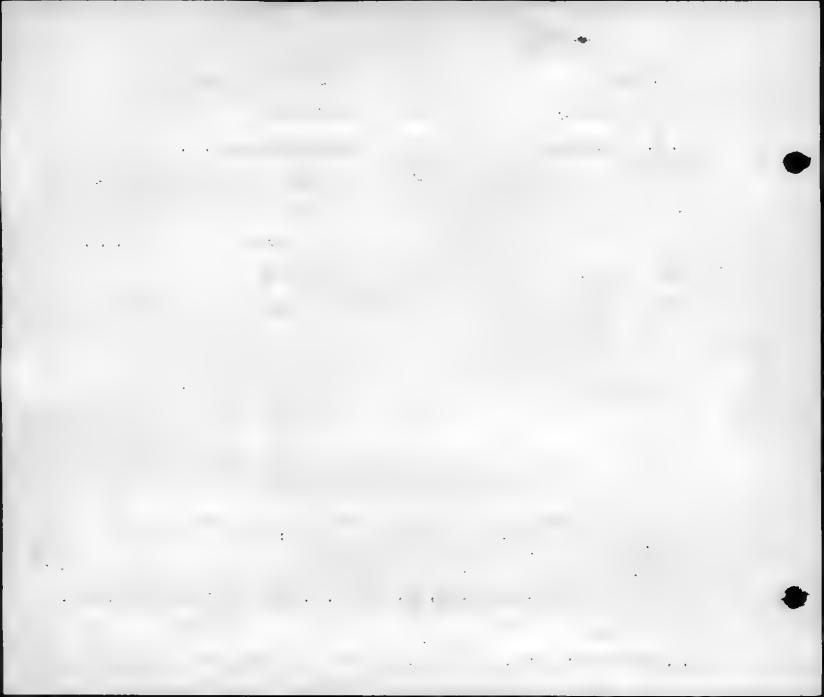
OUTPUT

OUTPUT

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

PLACE OF DEA			MARYL		USUAL RESIDENCE (W a. STATE District o		h. COUNTY	an Reside	nce befar	e admiss	itan)
	VN (+f outside carporate lim	its, write	c LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (If			URAL and	give near	rest fawr	n)
	ive negrest town)		130 days		Washington			2	100	1	agraf.
d NAME OF H	OSPITAL (If not in hospital,	give street			d. STREET ADDRESS				1		DENCE
U. S. N	aval Hospital				1104 21st	Place	N. E.				FARM?
3. NAME OF		rst	Middle		Last	4. DATE	Man	Ma	Day		Yeor
(Type or print)	Ros	coe	Woodrow		MC CALL	OF DEATH	Maj		15		1960
S SEX	6 COLOR OR RACE	7- MARI	RIED NEVER MARRIED	B. E	DATE OF BIRTH		9 AGE (In years last birthday)	IF UNDE Manths	R 1 YEAR Doys	Hours	ER 24 HRS
Male	Megro	WIDOW	ED DIVORCED		12-10-18		4 <u>1</u> yrs	MAIIIII	Doys	mours	MIR
10a USUAL OCCU	PATION (Give kind of work working life, even if retired	done 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	e ar foreign c	auntry)	12. CI	FIZEN OF	WHAT	OUNTRY
dornig illost d	working the, even it letter	,,			So. Car	rolina		U	S.A		
13 FATHER'S NAM	E			. 1	4. MOTHER'S MAIDEN	NAME		1		-	-
Bennie	MC CALL			-	Rosa WATS	ON					
IS. WAS DECEASE	DEVER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	17 INFO			Add	ress			
Yes, no, or unknown)	1944 - 194			Hos	ital Recor	ds					
1B CAUSE O	F DEATH [Enter only one of	ause per li	ne far (o), (b), and (c).]						INTE	RVAL BE	DEATH
PART	DEATH WAS CAUSED BY:	بر ا	elistation		nemora				0.113	er Alvo	DEATH
1 6	DUE TO				,						
Canditions	if any, which )	. (	in a newson.	1	1-1. 1	Ino				10	1
gave rise	ta immediate (				- June A					7	7-
lying cause	ming the under-	c)				1					
Z PART II	OTHER SIGNIFICANT COM	,	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	AINAL DISEAS	E CONDITION G V	EN IN PA	RT 1(a) 15	. WAS	AUTOPSY
PART II  OIL  OIL  OR CONTRIBU  OIL  OIL  OIL  OIL  OIL  OIL  OIL  OI											NO K
	IT WAS UNDERLYING [] ITING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (	Enter noture af injury in	Port I ar Par	t II of item 18.}				
Hour o	NJURY Manth, Doy, Ye , m. . m.	While		foctor	OF INJURY (Home, for y, street, office bldg , et	m, 20f. (City	ar town)		(Caunty)		(State
21   certify	that (I) (this character	l) attend									
saw the de	Zeased glive on Ma	y 14	14 60, and t	hat dea	th occurred at6:	201, from	the couses on	d on th	e dote	stoted	obove
220 SIGNATO		/									b. DATE
11/1	aport (	1	1 man	2 M.D	ATTENDING A	AED. DIRECTOR	STAFF PHYS			5-1	6-60
22/AHYSICIA		10			22d. ADDRESS						
NAME (T)	Robert C.	THOM	MAS, LT, MC,	VEV	U. S. Na	val Hos	spital, F	ethe	sda,	Md.	_
23a. BURIAL, CREA	ATION. 236. DATE THERE	OF .	23c. NAME OF CEMET	ERY OR C	REMATORY		TION (City, town,	or county)		(Stai	le)
Burial-Si		-60	2			Dar.	lington		S.C	3.	
	CTOR'S SIGNATURE	1	human	1 19	178 250 REC	D BY REGIST	TRAR 2Sb. REGI	STRAR'S S	IGNATUR	!E	
W.E.Jarv	is Funeral Ho	me, 1	432/U St.,N	W, Wa	ShDC DATE	MAY 1	9 '60	O.t.	18 1	فسنوا	



**BALTIMORE 1, MARYLAND** Division of STATISTICAL RES 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) age M a. COUNTY a. STATE **b.** COUNTY files. MARYLAND E. CITY OR TOWN (If outside corporate limits, write RURAL and give recest town) b. CITY OR TOWN E. LENGTH OF STAY IN 16 3 to the funeral be retained 4802 3. NAME OF 4. DATE DECEASED OF ‡ (Type or print) DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 19. AGE (in year) lest birthday эпр Enurs affer of lanes 1, 2, and 3. Page 5 mi ger 1 and 8 title 1, 2 bout title 12 bout WIDOWED DIVORCED 10a. USLAL OCCUPATION (G. Ya Kind of work dona during most of working life, even if retired paged PM3. 13 FATHER'S NAME 15. WAS DELEASED EVER IN U.S. ARMED FORCES? (Yes, no, or ankown) (If yas give were released service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),[ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office burial DUE TO geva rise to immadiata causa **DUE TO** 83 (a), steting the undarlying causa last used cremation, PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION Medical Ex should be t pluods 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Ilem 18.) PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH ease execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 s 20d. INJURY OCCURRED, 20s. PLACE OF INJURY (Homa, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) factory)streat, office bldg., etc.) While Not While at work st work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry death resulted from. Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 104 Address (Streat, city, town, or county) 22d. LOCATION (City, lown, or country) 22e. BURIAL, CREMATION REMOVAL (Specify) ₽40 ( Fyn wrea

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stata)

and in my opinion

DATE SIGNED

(State)

Months

ON A FARM?

23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR ( 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE MAY 5M 7/59

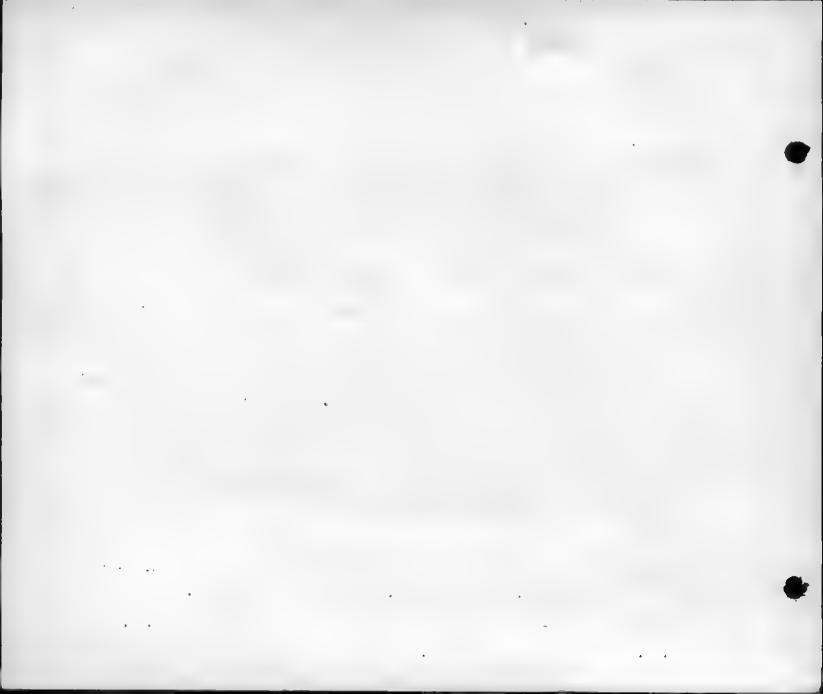


VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
26 CERTIFICATE OF DEATH

6026

PLACE OF DEATH a COUNTY AGMITGOM. BY			MARYLA	11	o STATE	,	ere deceased	P COUNT	4	nce befo	ire admiss	ian)
		ts, write	c. LENGTH OF STAY IN	11b	c. CITY OR TO	OWN (If or	utside corpor	ote limits, write	RURAL ond	give ne	arest town	)
CLNEY	arear raving		25 DAYS	- !!	MoodBi	NE				13×		
OR INSTITUTION			,		d. STREET AL	DORESS						FARM?
MONTGOMERY	COUNTY GE	NESA	L HOSPITAL								165	NO []
i. NAME OF DECEASED (Type or print)			Middle GE E S		McCon	2.4	4. DATE OF DEATH			Do		Year 1960
5. SEX		· · ·						9 AGE (In year		7	IF UND	
Esware	1401 TF	1	_		8/25/0	H.				Days	Haurs	Min.
Od USUAL OCCUPATIO	N (Give kind of wark o	dane 10b	h-mi	INDUSTR			or foreign co		12. CI	TIZEN O	FWHATC	OJNTRY?
during most of work	ing life, even if retired	)								1 [91 0 *		TATES
	TOR								-	UIVI	IEU v	TATES
			40441 40040000 410	LIT INDE		LONA	STAU					
Yas, no, or unknown)	IN U.S. AKMED FOR If yes, give war or doles of s	Ervice) 16	. SOCIAL SECURITY NO.	17, INITS	JEANACH I			AU	nies»			
No					HOSPITA	LIEC	CORDS,	ULNEY,	1.D.			
PART I. DEAT  / 58 X  Cand't'ans, if ar gave rise to in cause (o), stating i	IH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Ty, which (b) n mediate (DUE TO	)	CACHEXIA	NOMA	OF OMEN	ITUM V	VITH M	ETASTASE	is To	ON	SET AND	DEATH
lying cause last.												
PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERM!	NAL DISEASE	CONDITION G	IVEN: Nº PA	(RT 1(a)	19 WAS PERFO	ALTOPSY RMED?
CAT											YES	NO 🗌
OR CONTRIBUTING	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b DE:	SCRIBE HOW INJURY OC	CURRED	(Enter nature of	injury in I	Part I or Part	H of item 18.)				
7 20c TIME OF INJURY Hour a.m. p.m.	/ Manth, Day, Ye	While	Not while					or tawn)		(Caunty)		(State)
	ed alive aniA	1Y 4_	19_ <u>60</u> , and t	hat de	oth occurred	a):21	,M,Ffram	the causes o	ind an ti	ne date		b DATE
22a. SIGNATURE	hartes !	s. t	shir where	M			ED. RECTOR	STAFF PHYS.	5	May	1966	SIGNED
22c PHYSICIAN'S NAME (Type)	CHARLES S	. Wh	ITAKER. M. I	3.			SVILLE	. 140.				
22- DUDIAL COENATIO									or county	1	1510	tel
REMOVAL (Specify)						у				•	(310	100
		n, F	rederick, Ma	aryla	ınd	250. REC'			DISTRAR'S	SIGNATURE, The	JRE A.	
	a COUNTY  OUNTY  B. CITY OR TOWN (IF RURAL and give new CL NE Y  d. NAME OF HOSPITION  MONT GOMERY  INDICATE OF DECEASED (Type or print)  S. SEX  FEMALE  Ou USCAL OCCUPATION  Ouring most of work  OUSCAL OCCUPATION  OUT GOMERY  INDICATE OF DEA  PART I. DEA  PART I. DEA  PART II. DEA  Candiform, if or gave rise to in cause (o), stating in lying cause last.  PART III OTH  20a ACC DENT WA  OR CONTRIBUTING (IF EITHER, NOTIFY)  20a TIME OF INJURY  Hour a.m.  Pm.  21 Certify that  Sow the decease  22a, SIGNATURE  22b PHYSICIAN'S  NAME (Type)  24 FUNERAL DIRECTOR'  25 BURIAL CREMATION  CEMOVAL (Specify)  CEMOVAL (SPECIFICAL	DE COUNTY  COU	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CLNEY  d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION)  MONTGOMERY COUNTY GENERA  NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE 7. MAR  FEMALE WIDOW  OUT STRIB TOR  3 FATHER'S NAME  11 LLIAM GEES INCCOMAS  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16  You, give wor or doles of service)  120  18 CAUSE OF DEATH [Enter only one couse per limits of the print o	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CLNEY  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CLNEY  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CLNEY  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CLNEY  D. CLNEY  D. CLENGTH OF STAY IN 25 DAYS  D. NAME OF HOSPITAL (If not in haspital, give street address)  MONTGOMERY COUNTY GENERAL HOSPITAL  MIDDWED  TO DECASED  TO DIVORCED  OUTON (Give kind of work done during most of working life, even if retired)  D. L. TRIB. TOR  TO DISTRIB. TOR  TO DECASED  TO DECASED  TO DECASED  TO DECASED  TO DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  TO DUE TO  CONTRIBUTING (Myss, grave were of dotes of service)  TO DUE TO  CONTRIBUTING (Myss, grave were of dotes of service)  TO RESIDENCE TO DEATH  TO DUE TO  CONTRIBUTING (Myss, grave were of dotes of service)  TO RESIDENCE TO DEATH  TO DUE TO  CONTRIBUTING (Myss, grave were of dotes of service)  TO RESIDENCE TO DEATH  TO DUE TO  CONTRIBUTING (Myss, grave were of dotes of service)  TO RESIDENCE TO DEATH  TO DUE TO  CONTRIBUTING (Myss, grave were of dotes of service)  TO RESIDENCE TO DEATH  TO DUE TO  CONTRIBUTING (Myss, grave were of dotes of service)  TO RESIDENCE TO DEATH  TO DUE TO  CONTRIBUTING (Myss, grave were of dotes of service)  TO DUE TO  CONTRIBUTING (Myss, grave were of dotes of service)  TO DUE TO  CONTRIBUTING (Myss, grave were of dotes of service)  TO DUE TO  CONTRIBUTING (Myss, grave were of dotes of service)  TO DUE TO  CONTRIBUTING (Myss, grave were of dotes of service)  TO DUE TO  CONTRIBUTION (Myss, grave were of dotes of service)  TO DUE TO  CONTRIBUTION (Myss, grave were of dotes of service)  TO DUE TO  CONTRIBUTION (Myss, grave were of dotes of service)  TO DUE TO  CONTRIBUTION (Myss, grave were of	DECOUNTY  ALTRICAM RY  B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CLNEY  CLENGTH OF STAY IN 1b  25 DAYS  AND CLNEY  CLNEY  CLNEY  CLNEY  CLENGTH OF STAY IN 1b  25 DAYS  Middle  CLECASED  First  Middle  CLECASED  FOR MARY  GEES  CLOR OR RACE  TO MARRIED   NEVER MARRIED   B.  WIDOWED   DIVORCED    DIVORCED    DIVORCED    DIVORCED    SEX  FEMALE  COLLOR OR RACE  TO MARRIED   NEVER MARRIED   B.  WIDOWED   DIVORCED    DIVORCED    BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  COLLOR OF BUSINESS OR INDUSTR  CLNEY  CHARLES S. CALLEY  MIDDLE OF COLLOR OF BUSINESS OR INDUSTR  CLNEY  CLASS OF DEATH  CLUE OF COLLOR OF BUSINESS OR INDUSTR  CLASS OF DEATH  COLLOR OF BUSINESS OR INDUSTR  CLASS OF DEATH  CLUE OF COLLOR OF BUSINESS OR INDUSTR  CLASS OF DEATH  CLUE OF COLLOR OF BUSINESS OR INDUSTR  CLASS OF DEATH  CLUE OF BUSINESS OR INDUSTR  CLASS OF DEATH  CLUE OF COLLOR OF BUSINESS OR INDUSTR  CLASS OF DEATH  CLUE OF COLLOR OF BUSINESS OR INDUSTR  CLASS OF DEATH  CLUE OF COLLOR OF BUSINESS OR INDUSTR  CLASS OF DEATH  CLUE OF COLLOR OF BUSINESS OR INDUSTR  CLASS OF DEATH  CLUE OF COLLOR OF BUSINESS OR INDUSTR  CLASS OF DEATH  CLUE OF COLLOR OF BUSINESS OR INDUSTR  CLASS OF DEATH  CLUE OF COLLOR OF BUSINESS  CLASS OF DEATH  CLUE OF COLLOR OF BUSINESS  CLASS OF DEATH  CLUE OF CLOER OF BUSINESS  CLES OF DEATH  CLUE OF CLES	DETAILS MARY AND STREET AND COUNTY OF TOWN (IF outside corporate limits, write RURAL and give nearest town)  LINEY  D. CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest town)  LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LINEY  D. LOOB J.  D. STREET AL  D. STRE	D. CITY OR TOWN (If outside corporate limits, write RUSAL and give necrest town)  C. LIVEY  D. CITY OR TOWN (If outside corporate limits, write RUSAL and give necrest town)  C. LIVEY  D. CITY OR TOWN (If outside corporate limits, write RUSAL and give necrest town)  C. LIVEY  D. CITY OR TOWN (If outside corporate limits, write RUSAL and give necrest town)  C. LIVEY  D. CITY OR TOWN (If outside corporate limits, write RUSAL and give necrest town)  C. LIVEY  D. CITY OR TOWN (If outside corporate limits, write RUSAL and give necrest town)  D. CITY OR TOWN (If outside corporate limits, write RUSAL and give necrest town)  D. CITY OR TOWN (If outside corporate limits, write RUSAL and give necrest town)  D. SER AND COMAS  S. WAS DECRASED  II BRAND OR BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store Limits)  D. SER AND COMAS  S. WAS DECRASED EVER IN U. S. ARMED FORCES?  D. STATE  NAME OF DEATH (Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  D. CACHEXIA  DUE TO  CONDITIONS, If any, which gave rise to immediate couse (o), Islating the under.  D. CACHEXIA  DUE TO  CONDITIONS, If any, which gave rise to immediate couse (o).  CONDITIONS, If any, which gave rise to immediate couse (o).  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING OF CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING WAS CONTRIBUTING TO DEATH BUT NOT REL	DECINITY OF TOWN (If outside corporate limits, write RUBAL and give nearest frown)  CLINEY  DECINITY OR TOWN (If outside corporate limits, write RUBAL and give nearest frown)  CLINEY  DESCRIBED AND STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest frown)  CLINEY  DESCRIBED AND STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest frown)  CLINEY  DESCRIBED AND STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest frown)  C. LENGTH OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RUBAL AND STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RUBAL AND IN 16  C. CITY OR TOWN (If outside corporate limits, write RUBAL AND IN 16  C. CITY OR TOWN (If outside corporate limits, write RUBAL AND IN 16  C. CITY OR TOWN (If outside corporate limits, write RUBAL AND IN 16  C. CITY OR TOWN (If outside corporate limits, write RUBAL AND IN 16  C. CITY OR TOWN (If outside corporate limits, write RUBAL AND IN 16  C. CITY OR TOWN (If outside corporate limits, write RUBAL AND IN 16  C. CITY OR TOWN (If outside corporate limits, write RUBAL AND IN 16  C. CITY OR TOWN (If outside corporate limits and Interest town In 16  C. CITY OR TOWN (If outside corporate limits, write and Interest town In 16  C. CITY OR TOWN (If outside corporate limits)  C. CITY OR TOWN (If outside corporate limits)  C. CITY OR TOWN (If outside corporate limits)  DATE OF BREAT AND INTERESTS OF INT	DESCRIPTION OF COUNTY (INTO OR TOWN) (If outside corporate limits, write  ELENGTH OF STAY IN 16  ELENGTH OF STAY IN 16  C. CITT OR TOWN (If outside corporate limits, write  ELENGTH OF STAY IN 16  C. CITT OR TOWN (If outside corporate limits, write  ELENGTH OF STAY IN 16  C. CITT OR TOWN (If outside corporate limits, write  ELENGTH OF STAY IN 16  C. CITT OR TOWN (If outside corporate limits, write  C. LENGTH OF STAY IN 16  C. CITT OR TOWN (If outside corporate limits, write  C. CITT OR TOWN (If outside corporate limits, write  C. CITT OR TOWN (If outside corporate limits, write  C. CITT OR TOWN (If outside corporate limits, write  C. CITT OR TOWN (If outside corporate limits, write  C. CITT OR TOWN (If outside corporate limits, write  C. CITT OR TOWN (If outside corporate limits, write  C. CITT OR TOWN (If outside corporate limits, write  C. CITT OR TOWN (If outside corporate limits, write  C. CITT OR TOWN (If outside corporate limits, write  C. CITT OR TOWN (If outside corporate limits, write  C. CITT OR TOWN (If outside corporate limits, write  C. CITT OR TOWN (If outside corporate limits, write  C. COLDR OR STAY IN 16  MARY  MARY  MACONA STATE  M. CONA N STATE  M. CONA STATE  M. CONA STATE  M. CONA STATE  M. CONA STATE  M. CONA STATE  M. CONA STATE  M. CONA STATE  M. CONA S	December 19 County (Fouritide corporate limits, write CLENCTH OF STAY IN 16 CLENCTH OF S	COUNTY CYTTS M RY  CYTTS M RY	Decinity Pry Notice of State   County (Four County (Four County) (Four C



74.

٠,

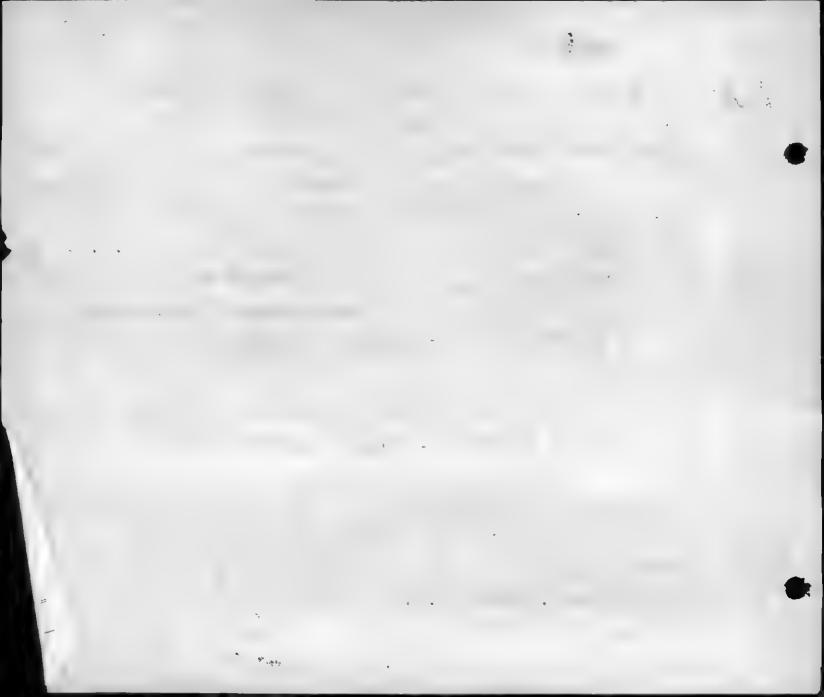
٠,

4 % >

VS. A15ME SM 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND COO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. E	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before	n dmission
	0	COUNTY	a. STATE b. COUNTY	
1	Ь	MONTGOMERY  CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)	MARYLAND  C. CITY OR TOWN (If ourside corporate rimits, write RURAL and give neeres) to	wn)
	d	OLNEY NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street eddress)		RESIDENC A FARM
-	M	ONTGOMERY COUNTY GENERAL HOSPITAL	FALLS ROAD YES	NO X
39	1	NAME OF First Middle DECEASED Type or print)  BERNARD LEO	McGowan A. Date Month Dey Yes	60
	5. 5		DATE OF BIRTH  9. AGE (In years   FUNDER   YEAR   FUNDE   Hours	
	1De.	MALE WHITE WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF INDUSTRY	2/28/03 57 yrs. 112. C.TIZEN OF WHAT	
	don	e during most of working life, even if relired)	MARYLAND _ U. S. A.	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
7	7	JAMES MCGOWAN  WAS DECEASED EYER IN U.S. ARMED FORCES? J. 16. SOCIAL SECURITY NO. 17. EE	MARTHA HAINES	
F		, no, or unkown) ((Ifyesgivewerordetesofservice))	VI ORMANI	
	/_	1B. CAUSE OF DEATH [Enter only one cause per [ ne for (e), (b), end (c).]	HOSPITAL RECORDS, OLNEY, MARYLAND	The CEPT I
		PART I, DEATH WAS CAUSED BY:	INTERVAL BE ONSET AND	DEATH
		IMMEDIATE CAUSE (6) RUPTURED ABI	DOMINAL ANEURYSM , SUDDEN	
		DUE TO		
		Conditions, if any, which (b)		We let pro-
		geve rise to mmediate cause (a), stating the underlying  DUE TO		
		cause lest. (c)	A said	
	χl	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS	
	Ĭ		YES 🕊	NO [
	CERTIFICATION		G-AN_EXPLORATORY_OPERATION	
	AL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20c. PLAC	E OF INJURY (Home, farm, † 20f. (City or town) (County)	(Stale)
	MEDICAL	Hour a.m. While Not While factor p.m. 19 et work et work	ry, streel, office bldg., etc.)	
		21. I certify that I took charge of the remains described above, hel	d an Autopsy 🔀. Inspection 🔲, Inquiry 🔲, and in my d	pinion
		death resulted from: Natural causes X. Accident . Suicident	de, Homicide, Undetermined manner	
		1 . 0	CHIEF MEDICAL EXAMINER	
		SIGNATURE Tranh & Brown hart	ASSISTANT MEDICAL EXAMINER T	GNED
		EXAMINER'S	DEPUTY MEDICAL EXAMINER \$\ 5/10/6	50
	22e.	BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Ste	te)
		Burial 5-14-60 Samples Manor	Washington County, Md.	
	23.	FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR   24b, REGISTRAR'S SIGNATURE	
	1,	min H. Barber Layton ville. Md.	DATE MAY 1 3 '60 Cirilmy & Thank	
- F	116	The state of the s		- 6



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1 MAR

PIVIJIOIT OF	TIMIDITALE KENEUDOLI ULAN KENA	WOT - OVE
5912	CERTIFICATE O	F DEATH

05968

- 1	_							
		PLACE OF DEATH		2 USUAL RESIDENCE (		f institution	Residence befor	e admission)
	Λ	Mont gerery	MARYLAND	MARULAY	- 1	ment	13: 1121	/
	Ł	CITY OR TOWN (If outside carporate limits, write C LENG RURAL and give nearest fown)	OTH OF STAY IN 16	CITY OF TOWN	If autside corporate di	nits, write RUI	RAIC and give nyta	rest town)
,	·	RLODA LARK	6 JAYS	Keck ville	_	12		
-'	(	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION,	′	d. STREET ADDRESS	1 11 11	di	1	ON A FARM?
	1	Mishington Dan, 1 Hosf		1143,000	hiny/Kill	Sdi		YES NO
	3. 8	NAME OF U First	Middle	Last	4./DATE	Month	Day	Year
		Type or print)	KAOK !!	c Jillan	DEATH	5	/3	1960
	5 5	THE AMERICAN INC.	NEVER MARRIED []	DATE OF BIRTH	lor	A 1 . A A . A	Months Days	Hours Min
		1170- White WIDOWED	DIVORCED [	1 / 7 /8	<i>j</i> '	7 3 yrs.		
	10a	USJAL OCCUPATION (Give kind of work done 10b KIND OI during most of warking life, even if retired)	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (SI	ote or fareign country)		E.	WHAT COUNTRY?
		Retired		MARYIN	and		11.5	
	13	FATHER'S NAME		14. MOTHER'S MAIDE	N NAME			
- [		Thomas 7. Mc Jilton		Molly	Moffell			
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17, IN	FORMANT /		Addre	55	
	_	No	124	s hun, 1	10. One			
		1B. CAUSE OF DEATH [Enter only one cause per line for (o	, (b), and (c).]					RVAL BETWEEN ET AND DEATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b)	ache					6 days
		T 50 DUE TO	2 . 4-					-
		Canditions, if ony, which ) (b) (b)	al Arte	Louleran	42		len	delimined
		gove rise to immediate DUE TO	, , ,					
		lying cause last. (c)						
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CON	DITION G VE	N IN PART 1(a) 15	PERFORMED?
1	S							YES NO
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED	. (Enter nature of injury	in Port I or Port II of	stem 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY O	CCURRED 200 PLA	CE OF INJURY (Hame, f		vn)	(County)	(State)
	VED.	Hour o. m. While No p. m 19 of work ☐ of	AAIIIIG	tory, street, office bldg.,	etc.)			
		21   certify that (I) (this haspital) attended the	deceased from	4-27-60	19 ta . 5 =	13	10/1 th	at (!) (we) last
		(c) (c)	1.	eath accurred at		,		
		22a SIGNATURE	1839 Fund Hidi di	eom occarred and	APTINI, ITAIN INE	.ooses and	on the date	226 DATE
		morris Dem	, N	ATTENDING PHYS	MED STA	YS 🗍	5-1-50	s GNED
		22c PHYS CIAN'S		22d ADDRESS	- 1		01 0	\$1
		NAME (Type) Morris Perry		1160 Z G	corgia Al	lerue	, Siker Jor	ing Md.
	23o		AME OF CEMETERY OR	CREMATORY	23d LOCATION (	City, lown, or	county)	(Stote)
	1	Bur a 1 5/16/60 Pa	rklawn		Rockvi	lle, Mo	i.	
	24	FUNERAL DIRECTOR'S SIGNATURE 7 AC	DORESS	25o R	ECID BY REGISTRAR		RAR'S SIGNATUR	E
	1	tyson Wheeler - Nockwill	2) nd.	DATE	1 6 '60	Call	us & Krown	4

may be retained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriel-transit permit. Then pleas manage corbon pages. Pages I and 2 shauld be filed with the State Board of Hea th prior to burial, cremation, ar removal, and in any event, within 72 haurs offer death uns offer death Page 4 LOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 1 TO HOS VR A15 (4) 15M 9/59

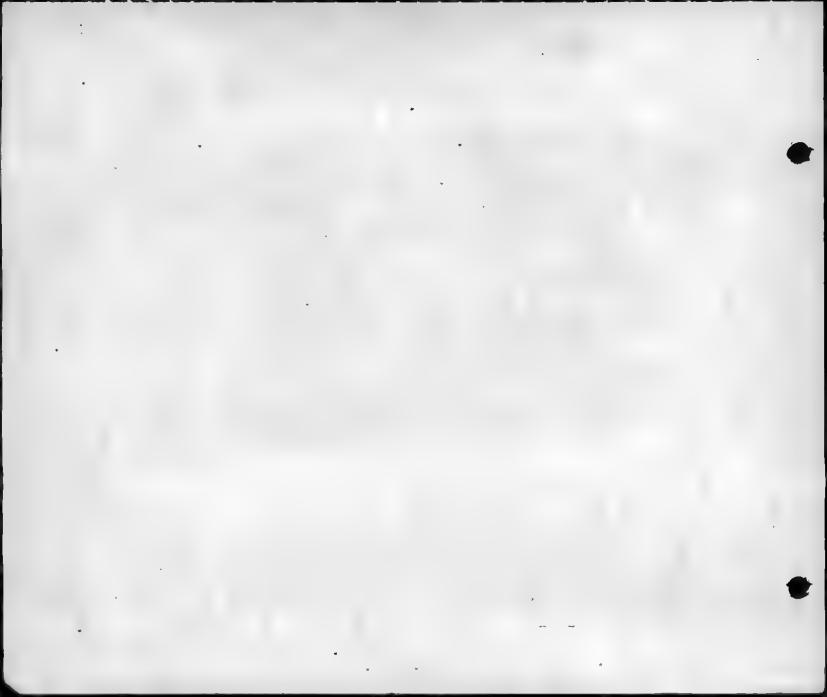


VS. A15ME(5) 5M 9/55 I

			ENT OF HEALTH-	•	
6029	MEDICAL	EXAMINER'	S CERTIFICATE	OF DEATH	P.

		٠.	0	V	U
Reg.	Dist.	N	o.		

1. PLACE OF DEATH Montgomery MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission)  o. STATE Maryland b. COUNTY Montg.
b. CITY OR TOWN (if equiple corporate limits write BURAL and give nearest form) DELLESCA.	c. CITY OR TOWN (If curside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Congressional Manor San.	d. STREET ADDRESS 6822 Wilson La.  ". IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \frac{1}{3}K \)
3. NAME OF First Middle  (Type or print) Archabold A. McKi	nley  4. DATE OF DEATH  Month Poy Yeor 19 60
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  White WIDOWED DIVORCED	8. DATE OF BIRTH 12/16/1871  9. AGE [in years   iFUNDER 1YEAR   IF UNDER 24 HRS   12/16/1871  9. AGE [in years   iFUNDER 1YEAR   IF UNDER 24 HRS   IF UNDER 25 HRS   IF UNDER 25 HRS   IF UNDER 26 HRS   IF UNDER
100. USUAL OCCUPATION (Give kind of work done during most of weeking the eye if refired)  RetiredLawye	11. BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  USA  USA
13. FATHER'S NAME John McKinley	14. MOTHER'S MAIDEN NAME McNamara
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or doles of service)	San. Records
PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  Conditions, If ony, which gave rise to immediate couse (o), stoling the underlying couse tost.    Carcinoma of with metastasi   f lower intestinal tract  s    Internal Between Onser and Oberth 1 yr.	
CATIO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED YES NO (  (Enter noture of injury in Port 1 or Port 11 of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pt Hour o. m. 19 While of work et work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I taak charge of the remains described ab death resulted fram: Natural causes . Accident . So	
ACTUAL SIGNATURE Frank & Brownhart	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Frank JU Broschart	DEPUTY MEDICAL EXAMINER May 8, 1960
	, Cemetery DesPlaines Ill.
Robert A. Pumphrey 7557 Wis. Av	e. DATE MAY 1 0 '60 CILLING S. HIGHE



VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	6030		CERTIFI	CAT	E OF L	DEATH					
1. PLACE OF DEATH p. COUNTY Montgomery			MARYL	AND	2. USUAL RE	sidence (Wh	ere deceased	lived. If instit	tution: Residence		dmission)
b. CITY OR TOWN (If RURAL and give nea	outside corporate fimi	ts, write	c. LENGTH OF STAY IN	V 1b	e. CITY OI	R TOWN (If o	utside corpo	rote limits, writ	e RURAL ond g	give nearest	lown)
Bethesda (1	Rural)		28 <b>days</b>		Annap	olis			(	191	1 2
d. NAME OF HOSPITA	L (If not in hospital, g	ive street o	address)		d STREET	ADDRESS				e IS	RESIDENCE
U. S. Nava	l Hospital				47 De	an Str	reet				5 NO 🔼
3 NAME OF DECEASED	Fir	\$\$	Middle		ŧ.	.ast	4. DATE	A	Aanth	Day	Year
(Type or print)	Beat	rice	Worthing	ton	MC	KINNIS		Ma	У	23	19 60
5 SEX	6. COLOR OR RACE	7 MARRI	IED MEVER MARRIED	B	DATE OF BIE	HTS		9. AGE In year			JNDER 24 HRS.
Female	Negro	WIDOWE	DIVORCED		3-30-	7.0			rs months	Days Ho	ours Min.
10a USUAL OCCUPATION	N (Give kind of work a	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTH	E (State	or fareign co	ounth,	12 CITI	ZEN OF WH	IAT COUNTRY?
Housewife	g me, even in remed				Ma	ryland			U.	S.A.	
13. FATHER'S NAME					14, MOTHER	S MAIDEN N	IAME				
William CO	BERT				Ella	STANBU	RY				
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INF	ORMANT				Address		
No		arvicaj		(H)	Charle	s T. M	cKinn:	is, sam	e as #2	2 abov	e
18. CAUSE OF DEAT	H [Enter only one co	use per lin	e for (a), (b), and (c) ]								L BETWEEN
	H WAS CAUSED BY:	Leu	kemia, acut	e, i	type ur	detern	ined			3 1	AND DEATH
1204	DUE TO										
Conditions, if on	v. which )										
gave rise to im	mediate Dus To										
lying couse lost.	e under-										
	R SIGNIFICANT CON		ONTRIBUTING TO DEAT	'H BUT N	OT RELATED	TO THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN PART	T 1(o) 19. W	VAS AUTOPSY
PART II OTHE										PE	ERFORMED?
20g. ACCIDENT WAS	UNDERLYING [7]	20h. DESC	RIBE HOW INJURY OC	CURRED	(Enter nature	of injury in I	Part Lor Pari	t II of item 18.1		162	301 110
20a. ACCIDENT WAS OR CONTRIBUTING ( UF EITHER, NOTIFY A	CAUSE OF DEATH	2007 10230	INDE TIOTE HOOKI OC	CO KILD.	temes morore	. or more than	0., 1 0				
		~ 20-1 Ib	JURY OCCURRED 2	On PLA	CE OF INJURY	/ (Hame farm	1 206 (01)	or town)	10	County)	(State)
20c TIME OF INJURY Hour o. m.		While	Nat while		ory, street, off			Or TOWN)	10	.comy;	(31016)
	19	at wark				7				2	
21 <b>F certify</b> that	(X (this haspital	) attend	ed the deceased f	rom4	April 2	25 19	ot la	May 23	. 17	b0 that ?	(K) (we) last
saw the decease	d alive on May	23	1960, and t	hat de	oth accurr	ed at 4:4	W, from	the causes	and on the	date sto	ated abave.
22a. SIGNATURE	. 90	0	00		ATTENDI	NO		CTARE			226.DATE
	1 frac	Alle.	L.	М	D PHYS		RECTOR	STAFF PHYS.		5-23-	-60 SIGNED
22c. PHYSICIAN'S NAME (Type)	B C CATE	6.FD7 T	7 MO 110	2347	22d. ADD						
	F. S. CALL	WISLEL	LT, MC, US	)M	U. S	S. Nava	L Hos	pital,	Bethes	ia, Mo	1.
23a BURIAL, CREMATION	, 236 DATE THEREC	)F	23c NAME OF CEMET	ERY OR	CREMATORY		23d LOCAT	TION (City, tow	in, or county)	)n /	(State)
PREMOVAL ISpecify	5-27-1	960	B. whie	it	1466		Un	Map	olis	11/0	K
24 FUNERAL DIRECTOR S	SIGNATURE 7		ADDRESS CO	ni	63/16.	25a REC'	D BY REGIST		EGISTRAR'S SIC		
Wm. Reese M	ortuary. A	napo	lis, Md.		- 1/OCE	DATE NU	Y 26 '8	60 (	Crithun S.	Thomas	



(Stote)

Culling S. Hrans

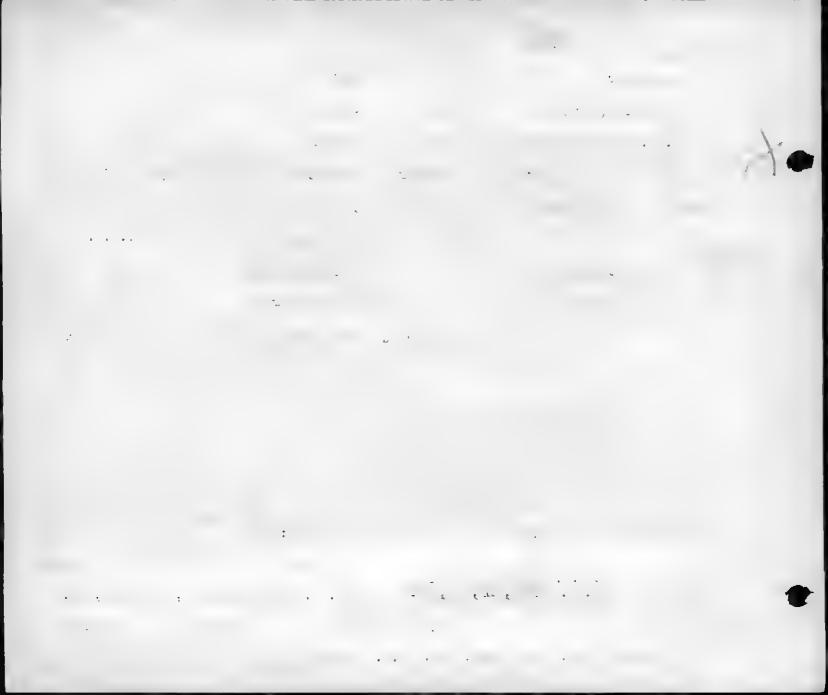
ъ А	7		.0001		GERTII 107	116	01 00/1111					
IMI	100	CE OF DEATH OUNTY Ontgomer	y		MARYLAND		ISUAL RESIDENCE (WH	ere deceased	l lived If institution b COUNTY	on- Res dence	before o	odmission)
6.	R	ITY OR TOWN (H URAL and give no lethesda	outs de corporate lim crest town) (Rural)	its, write	c. LENGTH OF STAY IN 16		. city or town (if a <b>lermantown</b>	utside corpo	rote limits, write RI	JRAL ond giv	e neares	t town)
1	0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION U. S. Naval Hospital					ON A FA					S RESIDENCE ON A FARM? ES NO X
	3. NAI	ME OF EASED	First		Middle		LUST	4. DATE OF	Mon	th	Day	
	(Type or print)		Leroy		Arthur	1	C MULLEN	DEATH	Maj		23	1960
	5 SEX	.e	6 COLOR OR RACE		RRIED NEVER MARRIED DIVORCED DIVORCED		TE OF BIRTH		9 AGE (In years last birthday) 71 yrs.			UNDER 24 HRS
	du		N (Give kind of work ing life, even if retired	3	Find of Business or Indi	USTRY	11. BIRTHPLACE (Stote Pennsyl		ountry)		A.	HAT COUNTRY
_	13. FA1	3. FATHER'S NAME					14 MOTHER'S MAIDEN NAME					
	So	lomon MC			Clarisa SABIN							
		ar unknown) (			FORMANT Address OBPITAL Records							
			TH WAS CAUSED BY IMMEDIATE CAUSE (c DUE TO	, Ca	line for (o), (b), ond (c) ]	ate	with metas	tasis			ONSET	AL BETWEEN AND DEATH YTS.
1	C	ouse (a), stating ring couse last.	he under- DUE TO	=)	S CONTRIBUTING TO DEATH BE	TON TU	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1	WAS AUTOPSY PERFORMED?
/	20	CONTRIBUTING	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	ESCRIBE HOW INJURY OCCURE	RED. (En	ter noture of injury in I	Part I or Part	t II of item 18.)			:3 NO M
* · · · · · · · · · · · · · · · · · · ·	MED,CAL	Hour o m	Month, Day, Ye	Whi			OF INJURY (Home, farm street, office bldg., etc		or town)	(Co	unty)	(Stote
			t 🖔 (this hosp'to ed alive on 🎉		nded the deceosed from	Ma; death	7 22 19	60 to	May 23 the couses on		., thot date st	(we) los
A	22	o. SIGNATURE	-1/5 h	En	LT MC USN	M D.	ATTENDING MI	ED RECTOR [	STAFF PHYS		5	226 DATE SIGNE -23-60
		NAME (Type)			Wedge SMoodda	3 5	U, S. Nav	al Hos	spital, F	ethes	la, l	<b>6d</b> .
	_ RE	JR.AL, CREMATIO MOVAL (Specify)	_/ . /	,	23c NAME OF CEMETERY		MATORY	23d, LOCA	ON (City, fown, o	r county)	irgi	(Stote)
	-	ISL DIRECTOR		60	Arlington N	ter oT		ř.	RAR 25h REGIS			

4th & Mass. Ave., N.W., WashDC DATE WAY

TO HOSE Control or ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 2. The safet death. Pages may be considered by the haspital or alreading physician.

TO FUNERAL DIRECTOR. After this cert ficate has been signed by the attending physician and campletely filled in by the funeral director. VR A15 (4) 1SM 9/59

urs after death Page



FOR STATE HEALTH DEPT.

TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours often death. If any decision, please executions certificate, writing the word "pending" in pending them. 18. Give Poges 1, 2, and 3 to the 12-rol director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

If INTREMAL BIRMICION: Page 3 should be used as a busial-training ermit. File gages 1 and 2 with the State loard of Health, or its designated agent, prior to bariol, cremation, or removal, and in any event within 72 hours after death.

2 TE VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6032MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	ntg. or											
1. PLACE OF DEATH G. COUNTY	2 USUAL RESIDENCE (Where deceased I ved. If institution, Residence before admission)  o STATE Margarity and b. COUNTY Manual Country											
Montgomery MARYLAND	* State Maryland b. COUNTY Montg.											
b. CITY OR TOWN (if out de corporate famili, write BURAL end give necreal lown)  Rethesda  DOA	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Bethesda											
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	, d STREET ADDRESS e IS RELIDENCE											
Suburban Hosp.	7513 Marbury Rd.	YES NO										
2. NAME OF DECEASED (Type or print)  A.C. Miller a/k/a Amos	C. Miller OF May 12, 1960	Day Year										
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED		YEAR IF UNDER 24 HKS										
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)  Tetired		IZEN OF WHAT COUNTRY?										
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME											
Jos. P. Miller	Martha Wortinger											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? THE SOCIAL SECURITY NO. 17	INFORMANT Address											
(1' yes ar uninown) (1' yes are not of of af service) None	Morris V. Boley Item 2 S	on in law										
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if ony, which gover ise to immediate cause (b)  Conditions to immediate cause (c), storing the underlying course lost.	usion	INTERVAL BETWEEN ONSET AND DEATH Budden  years										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  C.V.A. about 6 no. ago	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO 3											
E PRIMARY CO CONTRIBUTING CAUSE OF DEATH.	200 DESCRIBE HOW INJURY OCCUPRED (Enter noture of injury in Port I or Port II of Item 18 ) CAUSE OF DEATH.											
20c. TIME OF INJURY Month, Day. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Slote) Hour o. m. While Not while of work of work of work												
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my opinion death resulted from. Natural causes Accident, Suicide, Hamicide, Undetermined manner												
ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER D DATE SIGNED												
EXAMINER'S NAME (Type) Frank J. Broschart.  220 RURIAL AND 2212 DATE THEREOF 222 NAME OF CEMETERY OF	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER MAY.  R CREMATORY 22d, LOCATION (City, town, or county)	12,1960 (Stote)										
5-16-60 Ft Lincoln	Cem. Colmon Manor, Md.											
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	NATURE										
J. William Lee's Sons Co 300-4th St. N.E. DATMAY 16'60   Collan & Klaus												



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

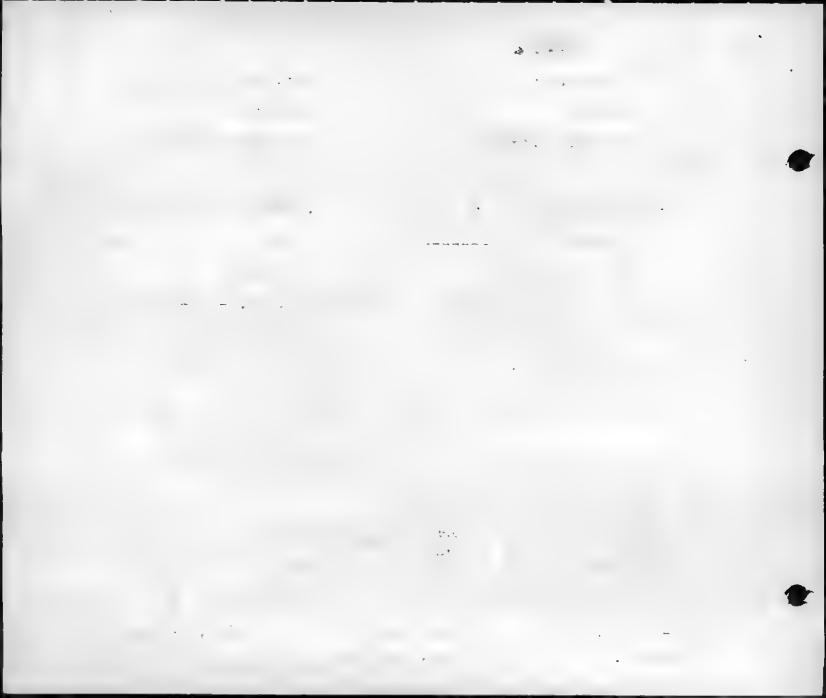
05973

		6033		CERTIFI	CAIL	OF DEA	AIH			'	(100	7 ,3
	ACE OF DEATH		The state of the s		2	USUAL RESIDER	NCE (WH	ere deceased	lived. If institution	on. Residence	before adm	ission)
u. ·		ntgomery	,	MARYL	ND	M	ary	Land	b. COUNTY	Mont	gome	ry
ь	CITY OR TOWN (If RURAL and give nea	outside carporate limi	T	LENGTH OF STAY IN	ч 1ь >	/		utside corpo	rote limits, write RI	JRAL ond gr	ve nearest to	iwri.)
ď	NAME OF HOSPITA OR INSTITUTION 8804	l (If not in hospital g	ive street add	iress)		d. STREET ADD		Mead	Street		ON	RESIDENCE I A FARM?
. NA	VME OF	Fir	37	Middle		Last		4. DATE	Mon	th	Day	Year
	CEASED pe ar print)	COA	e A	MAE	/	MILLEN	6	OF DEATH	MAY		9	1960
5 SEX	(	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	8	DATE OF BIRTH	18	77	9 AGE (In years		YEAR IF UN	IDER 24 HR
4	FEMALE	White	WIDOWED !	DIVORCED		May 6,	k	<b>R</b> X	last birthday) 83 yrs	Months 3	oys Hou	rs Min
Do. U	SUAL OCCUPATION	(Give kind of work and life, even if retired	done 10b KIN	OF BUSINESS OR	INDUSTR	11 BIRTHPLAC	E (State	ar foreign c	ountry)		EN OF WHA	TCOUNTRY
		ewife				New	YO	rk		34	US	
3. FA	THER'S NAME					14. MOTHER'S M	AIDEN N	IAME				
	Dani	el Dorit	V				Unl	known				
		IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INFO	RMANT			Addi	ress.		
No		jes. gra nor or our or		None	War	d Mill	er,	Jr.	-son-sa	me as	2d	
18	PART I. DEATI	H [Enter only one co		or (o), (b), and (c).]		. x *.	60	211	VASCUL	10	INTERVAL ONSET AN	
	Conditions, if an	mediate (	)	T ENTO J	200	. 0776		KCITO.	Diseas		Ye	ARS
	couse (o), stoting th	e under- DUE TO										
CATION			· — — — — — — — — — — — — — — — — — — —	NTRIBUTING TO DEAT	H BUT NO	OT RELATED TO TO	HE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	PER	S ALTOPSY FORMED?
≅   O	DO ACC DENT WAS PR CONTRIBUTING ( F EITHER, NOTIFY A	CAUSE OF DEATH	20b DESCRI	BE HOW INJURY OC	CURRED (	Enter nature of i	njury in I	Port I or Por	t It of item 18.)			
WEDICAL 32	C TIME OF NJURY Hour o.m. p.m.	Manth, Day, Ye	ar 20d. INJU While at work	Not while	De PLACE factor	OF INJURY (Ho y, street, affice b	me, farm Idg., etc	20f (City	or town)	(Co	ounty)	(State
				the deceased f								
	20. SIGNATURE	itt E.	De fa	wter	M.E			ED RECTOR	STAFF PHYS.			22b. DATE SIGNE
	2c. PHYSICIAN'S NAME (Type)	ewitt		elAwter	M.	22d ADDRESS			DEEN Rd.		thesd	A, MC
23o B	URIAL CREMATION	, 236 DATE THEREC	OF 2	3c NAME OF CEMET	ERY OR C	REMATORY		23d LOCA	TON (City, tawn, o	or county)	(S	tote)
Bu	r-Transi		0		mete					Yor		
	NERAL DIRECTOR'S	SIGNATURE Pumphrey	Da+	hesda. M	arul	end		D BY REGIST		STRAR'S SIGI		
KO	bert A.	L muhiring A	DEL	neoua, P	MAY A	- CIALLA	ATGIAN	/ 1 0 ¹6i	3 7 7	1 9 6		

is after death. Page 4 may be remined by the hasp tal or attending physician.

TO EVERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Baard of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TR ATTINITIES INVICIAN. The lam mayines that the death certificate by executed within 24

TO HOSP VR A15 (4) 15M B/59

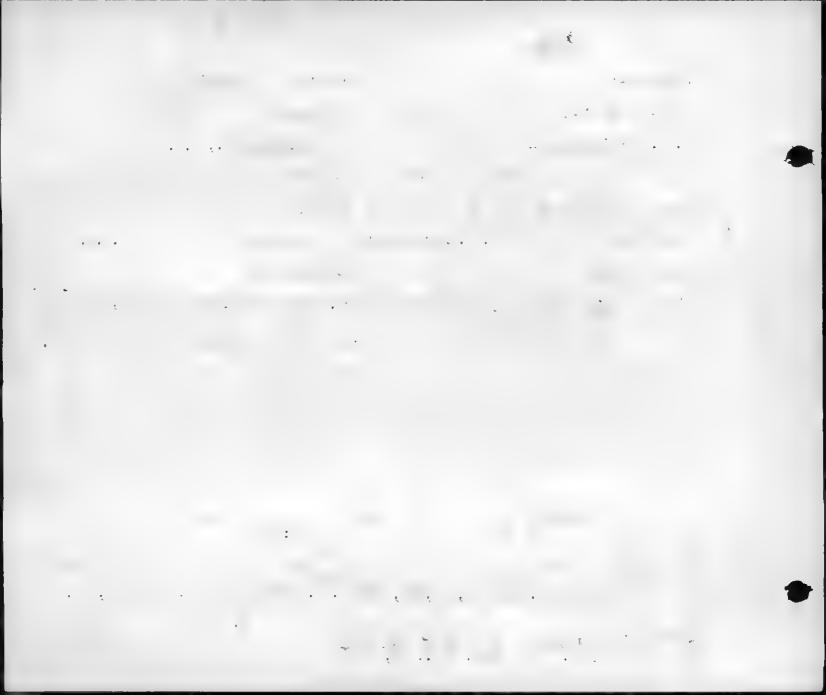


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

05074

	6034		CERTII	FICA'	TE OF D	EATH				(7	000	14
n. COUNTY Montgome:			MAR	YLAND	2. USUAL RES	- Ma		b. COU		idence befo	ire admiss	sian)
RURAL and given			c. LENGTH OF STAY			TOWN (If a	utside carpori	ote limits, wr	ite RURAL (	and give ned	arest fawr	ر ر
OR INSTITUTIO	SPITAL (If not in hospital, IN)  VAL Hospital	give street o	ddress)		d. STREET		and Ct	8.1	č.			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fi	ıliam	Middle Jaco			ıst	4. DATE OF DEATH		Manth (a.y	Do 25	,	Year 19 60
s sex <b>Male</b>	6. COLOR OR RACE	7 MARRIE	DIVORCE		B. DATE OF BIR 10-3			9 AGE (In your last birthd		This Days	Hours	ER 24 HF
10a. USUAL OCCUPY during most of v	ATION (Give kind of work working life, even if retired	)	IND OF BUSINESS (			Illin		unteg	12	U.S.		COUNTR
13 FATHER'S NAME  Ludwig	MILLER				14. MOTHER	s MAIDEN N						
	EVER IN U. S. ARMED FOI	ervice)	001AL SECURITY NO		) Mrs.	Kather	ine Si	mons,	Address Box	Sa 318, N	ugat (ichi	
PART 1. 1 153 Conditions, i gave rise to cause (a), stati	immediate DUE To	Ad	far (a), (b), and (c)	•	colon,	with :	metast	asis_			ERVAL BE SET AND	DEATH
ZO Part 11	OTHER SIGNIFICANT CON	i)	ONTRIBUTING TO DE	EATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE	CONDITION	I GIVEN IN	PART 1(a)	PERFO	AJTOPS ORMED?
OR CONTRIBUTE	WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY O	OCCURRE	(Enter nature	af injury in l	Part I ar Part	If of item 1B	)			
ZOC TIME OF IN Have a p.	m. 10	ar 20d IN. Whie at wark	Nat while at work		ACE OF INJURY tary, street, offi			ar tawn)		(County)		(Stal
	that (I) ( <b>2000-000</b> eased alive an <b>Ma</b>		d the deceased				60 ta_ 9t, fram I			19 <u>.60</u> , th the date		
22c PHYSICIAN	3 andon	Vm-	Shepa	rel ,	M.D. PHYS.	DI	ED RECTOR	STAFF PHYS			5-26	DATE SIGNE -60
NAME (Typ	Barclay M.		ARD, LT, I	MC, U			al Hos	pital,	Beth	esda,	Md.	
Burial (Spec	offy) 5-31-6		23c NAME OF CEA		R CREMATORY Btional			ion (City, to			(Stai	
Lee Funer	al Home 4th	V "	OADDASSON	NW.	WashDC		D BY REGISTE AY 3 1 'E			'S SIGNATU		

VR A1S (4) 1SM 9/59



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

65075

256 REGISTRAR'S SIGNATURE

arthur S. Kraus

250. REC'D BY REGISTRAR

DATE

MAY 23'60

Į		SAST. CERTIFICA	AIE OF DEATH		00000
		LACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (Who	here deceased lived. If institution R. b. COUNTY	esidence before admission)
	Ŀ	CiTY OR TOWN (If Jourside corporate limits, write   c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	outside corporate limits, write RURAL	and give nearest town)
	5	RURAL and give riparest town) (Whitetan) 2 weeks	REDSEL	est Hoto	1 47
		NAME OF HOSPIYAL (If not tal hosp tal, give street address) OR INSTITUTION	d STREET ADDRESS	/ \	e is residence on a farm?
	4	theeton Hursing Home	2101 16	TAST. N.W.	YES NO
	3 1	IAME OF First Middle	Last	4. DATE Month	Day Year
		Type or print) WENGT // W.	1115-h/17	DEATH 5	19 1961
	5 5	A 4	B DATE OF BIRTH	last birthday) Ma	INDER 1 YEAR IF UNDER 24 HRS
	100	USUAL OCCUPATION IG THE KIND OF BUSINESS OR IND	Nov. 5, 1865		2 CITIZEN OF WHAT COUNTRY
		Auring most of work in first first	DISTRIT IT BIRTHPLACE (SIGNE)	or foreign country)	// ( A
		Kerily - Chief Justice (Retired)	14 MOTAER'S MAIDEN N	C) [T] O	U 3./1.
	1	woodall Maxalle	1 0 70 800	カ・ナコ	
1	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17	INFORMANT	Address	
	B.	1/10 au 71	M15. M.	Schlar ( 200	sevelt Hotel
	Marie I	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		Was	A. DUNTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  They are	diel de	lane.	ONSET AND DEATH
		420 DUE TO	/		
		Conditions, if any, which ) the Conditions	r. c. 7.		
		gave rise to immediate cause (a), stating the under-	1,		
		lying cause last (c)	1 4 46 -72 2	( 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	·
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPS1 PERFORMED?
	ICAT		eccepteran		YES NO
	CERTIF	20% ACC DENT WAS UNDERLYING [] 20%. DESCRIBE HOW INJURY OCCURI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in F	Part I or Port II of Item 18 )	
	CAI		PLACE OF INJURY (Home, form factory, street, affice bldg., etc.		(County) (State
	MEDI	Hour c. m. While Nat while at work at work			
		21 I certify that (I) (this haspital) attended the deceased from	1. 1 de to 1 1 1 12	5/.ta 5/14/	1960, that (I) (we) las
		saw the deceased alive an	death occurred at	M. Fram the causes and a	n the date stated above
		220 S GNATURE	ATTENDING ME	ED STAFF	22b.DATE SIGNE
		22c PHYSIC AN'S		RECTOR PHYS.	5/17/4
		NAME (Type) Stephen N. Jones	120. ADDRESS	11 11	/ /
	73.	BURIAL, CREMATION   23b DATE THEREOF   23c. NAME OF CEMETERY		23d LOCATION (City, town, or co	nunty) (State)
		purial (Specify) 5/21/60 Ft. Linco:		Prince Geor	

\$ DNCW.

The S.H. Hines to -2901 lith S Washing to n

may be evalued by the hospital ar altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fried in By the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2<sup>4</sup> TO HOSE VR A1S (4) 1SM II/S9

irs after death. Page 4



i 1 ")	tems 18&21 Film 264 MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	5035 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH  1. PLACE OF DEATH  1. 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence Defore admission)
Page .	Maryland P.G.
おい年加 軍リノ	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b ) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ay is necessary all director. Page for your files.	wille rown and files used at land
lay is rall direction you	Bethesda (Rural) 6 days d. NAME OF HOSP.TA. OR INST.TUTION (1 not In hospital, give street eddress) d. STREET ADDRESS Way  o. IS RESIDENCE ON A FAPRA?
_0 m T _	
f any de the funer retained te State death.	3. NAME OF Last 4. DATE Month Dey Year
h. If an to the to the S the S ter dex	DECEASED
and the same of th	S. SEX COLOR OR RACE   7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
- TO 60 ≯ 50	Male daucasian WIDOWED DIVORCED 10-7-08   last birthdey) Months Deys Hours Mn.
E Sup E	10a USUAL OCCUPATION (GIVe kind of work 10b, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stete or foreign country)   12, CITIZEN OF WHAT COUNTRY?
Pege 1, 2	Mariner U.S. Navy Pennsylvania U.S.A.
24 hours e Pages PM3. Pe pages 1	1). FATHER'S NAME
V 6 5 0 V	Alfred MONAGHAN Mary Emma PYLE
E E E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
> E -	Yes WWII 243-44-2723 Hospital Records
lem I with with perm	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
e executed ncil in Item along with transit per and in any	PART I. DEATH WAS CAUSED BY: Oronary insufficiency & arterial fibrillation
00000000000000000000000000000000000000	MMMEDIATE CAUSE (6' COPONARY INSUITICIENCY & AFTERIAL TIDELLATION
ould Police Defice burial proval	
S S S S S S S S S S S S S S S S S S S	geve rise to immediate cause
din din or r	(e), steting the underlying beriof cause lest (c) Rupture of urinary bladder 6 days
ertificate  I "pendir  Examiner  a used as	
0 9 30 10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11° 19. WAS AUTOPSY PERFORMED?  YES X NO   208. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.
the work Medical Should be should be	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port II or Port II of item 18.)
Show the	PRIMARY Or CONTRIBUTING Was driver of car which struck rear of other car
cate, writing the to the Chief M OR: Page 3 shorior to burial,	State) 20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED 20e. P. ACE OF INJURY (Home, ferm. 20f. JC.ly or town) (County) (State)
MAN BOLD	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. P.ACE OF INJURY (Home, ferm, 20f. IC.ly or town) (County) (State)  While Not While of work of twork of two twork of two twork of two two two two two two two two two two
Cate to the prior	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my opinion
HE L.	death resulted from. Natural causes , Accident XI, Suicide , Homicide , Undetermined manner
2 8 2 H R	CHIEF MEDICAL EXAMINER
교육 환경 코	ACTUAL TO BE SIGNED ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
AL Puration	SIGNATURE M.D. DEPLITY MEDICAL EXAMINER VI
PCX 1	NAME (Type) Frank J. BROSCHART, M.D. Address (Street, city, town, or county)
DEPCTY M fease execute should be for FUNERAL r its designate	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Crity, lown, or country) (Sieta)
O 2 4 O P	Burial 6-1-60 Arlington National Arlington Virginia
VS. A15ME	23) FUNERAL DIRECTOR . REGISTRAR'S SIGNATURE  ADDRESS 1246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 7/59	R.A. Pumphrey Funeral Home, Bethesda, Md. DATE JUN 1 '50 Outland & Hand



2 the figures of director,

VR A15 (4)

yo no

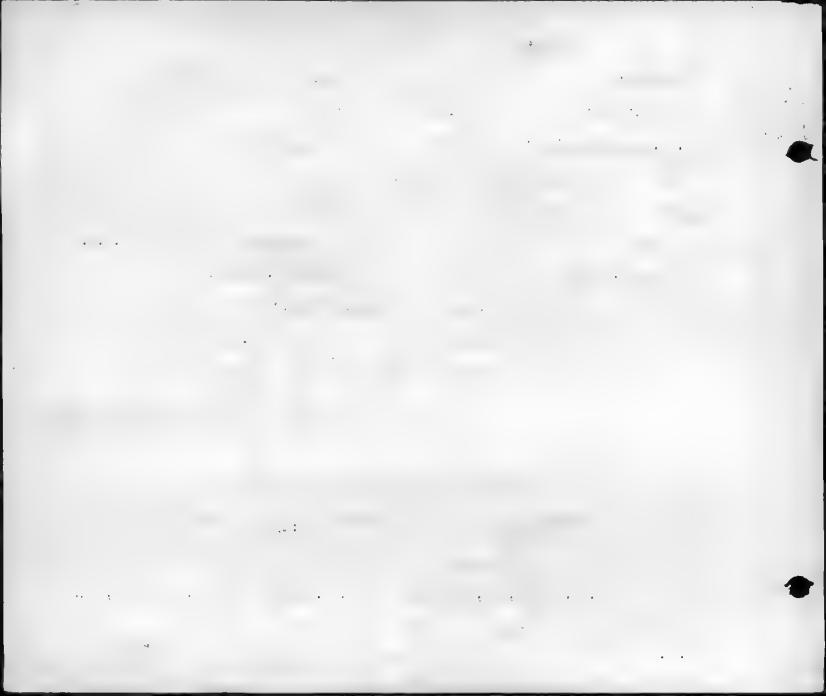
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

0	5	9	7	1
4.	U	4	-	

1, PLACE OF DEA			MARYLA	- 1	USUAL RESID	ence (Who	ere deceased		tion. Resider	nce before ad	nission)
b. C TY OR TO	IWN (If outside corporate limingive nearest town)  R (Rural)	ts, write c LI	ENGTH OF STAY IN	l îb		OWN (If or	utside corpora	ote limits, write		give neorest t	own)
OR INSTITU	HOSPITAL (If not in hospital, STION  EVAL HOSPITAL	jive street addre	55)		d. STREET AC		ighway			OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fic	neth	Middle Donald	1	MORG/		4. DATE OF DEATH		onth BV	Day 26	Year 19 60
S SEX	6 COLOR OR RACE		-	-	DATE OF BIRTH			AGE (In year lost birthday)	IF UNDER	R 1 YEAR IF U	NDER 24 HRS
Male	Caucasian	WIDOWED [	DIVORCED (		5-19-6	<b>60</b>		yr		7	
during most None		dane 10b KIND	OF BUSINESS OR	79-	14. MOTHER'S	MATYL MAIDEN N	and.			J.S.A.	(T COUNTRY?
15. WAS DECEAS	C. MORGAN EDEVER IN U. S. ARMED FOR		AL SECURITY NO.	17, INFO		ane J	· YEAG		dress		
(Yes, no. or unknown) NO	(If yes, give war ar dates of s	0.00	ne	Hos	pital F	Record	ds				
PART	DE DEATH (Enter only one of I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c DUE TO I, if ony, which)	1/4	(o), (b), and (c),) marrh	gr.	robai	nen ble	mon	19 Fice	mi'a	INTERVAL ONSETA	BETWEEN
Couse (o), s lying couse PART  200 ACCIDE OR CONTRIB	to immediate of the profits the profits of the prof	DITIONS CONTI	RIBUTING TO DEATH	L	sti	314	0	7,	IVEN IN PAI	PE	AS AJTOPSY RFORMED?
	OTIFY MEDICAL EXAMINER) INJURY Month, Doy, Ye o. m. 19		Not while	De. PLACE foctor	OF INJURY (H y, street, office	tome, farm, bldg., etc.	20f. (City (	or town)	{	(County)	(Stote)
	ANG ESTS	4 26 Hrv	the deceased fr		ATTENDING PHYS.	SS ME	M, fram t	May 26 he causes of STAFF PHYS.   ital. B	ind an th	5-26-6	ted above 22b. DATE SIGNED
23a BUDHAL CRE	MATION 236 DATE THERES		. NAME OF CEMETE		REMATORY		23d. LOCATI	ON (City, town		(	Stole)
R.A.PU	MPHREY Fune	ral Ho	ADDRESS me, Be the			250 REC'E	D BY REGISTR	AR 2Sb REC	GISTRAR'S SI	IGNATURE	<del></del>
-miral)	MATION 236 DATE THERESE Shipment 5	120 00 P	Elmwo	od C	REMATORY emeter	ту	23d. LOCATI LOX D BY REGISTR	ON (City, town raine  AR 2Sb REC	, or county)	Oh	



ofter death. Page

requires that the deoth certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5913

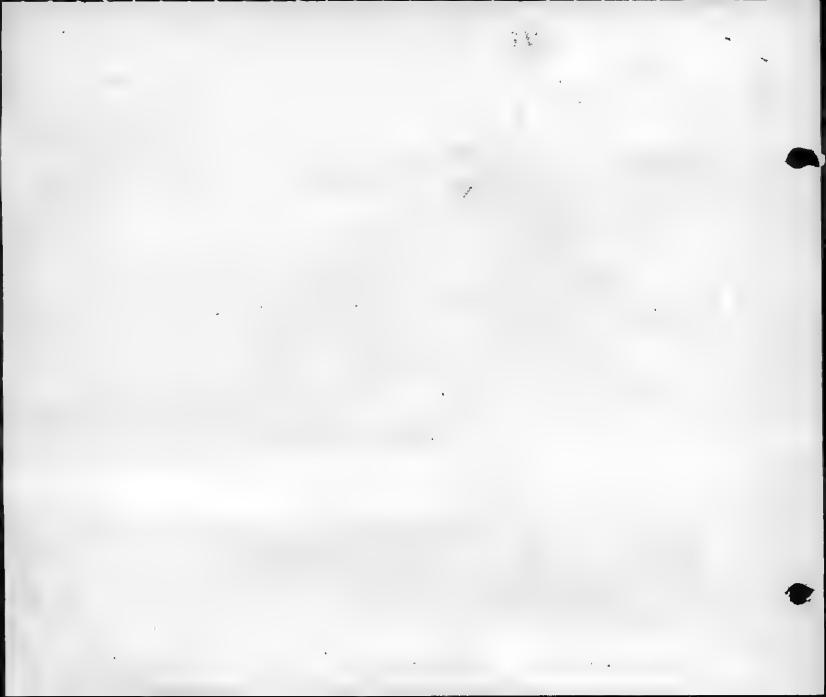
05979

		PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence	ce before admission)
	,	Maryland Maryland	STATE MIST I SOUNTY MON	tgomery
	-	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs de corporate limits, write RURAL and g	ive nearest town)
	$\Box$	aroma Fark 4 days	X Clarkeburg	
7 A. 3	Y	d NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION AS A LING (II) A D LI ANLIM MY TUSAL	d. STREET ADDRESS	e, IS RESIDENCE ON A FARM? YES NO
		NAME OF First Middle /	Lost 4. DATE Month	Day Year
	_ (	(Type or print) Nors Lee M	UII DAN OF DEATH /224	14 1960
	F	SEX 6 COLOR OR RACE 7 MARRIE VER MARRIED 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Doys Haurs Min.
	10a	a. USUAL OCCUPATION (Give kind af work done 10b KIND OF BUSINESS OR INDUST during most of working life, given if retired)	RY 11 BIRTHPLACE (State or foreign country) 12 CITI	ZEN OF WHAT COUNTRY?
		Housewije -	Maryland 1	1. S. Q.
	13.	, FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Charles Eurp	Liols Letters.	
	15. Yves	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INI	Address	
	4	None None	Hospital Records	
-1		PART I, DEATH WAS CAUSED BY:	<b>V</b> .	NTERVAL BETWEEN
			Ulmonia	7 Day 5
		.53/X DUE TO	1 17 1/-	MegKand
		Conditions, if ony, which gove rise to immediate (b) CEREDEO VES	cular Accidenti	2 Weeks
		couse (a), stating the under-		Quantoe of
	z	lying couse lost (c) The For Yen 5 1 D		JEG13
	FICATION	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	IFIC.	20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED	OPA TIPEY (	YES NO
	L CERTII	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter noture of injury in Port I or Port II of Item 18.)	
	MEDICAL	Hour o.m. While Not while fact	CE OF INJURY (Home, farm, 20f (City or town) (Cary, street, office bldg, etc.)	ounty) (State)
	-	p m. 19 of work of work		
		21 I certify that (I) (this hospital) attended the deceased fram	5-9 1960, to 5-14 , 196	(2) that (1) (we) last
		saw the deceased alive an 5-13. 1960, and that de	eath accurred at 23.24M, from the causes and an the	date stated abave.
		Stuart & Nelson	ATTENDING MED STAFF 5-/4	275 DATE 4-605/14/6
		22c PHYSICIAN'S NAME (Type) STUDYT LI RESON	22d. ADDRESS.	of lack to
	-	BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 5/17/60 Neelsville	CREMATORY Church Cem Neelsville, Mai	ryland
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256, REGISTRAR'S SIG	NATURE
	F	Robert A. Pumphrey Bethesda, Mar	yland DATE MAY 17'60 Cirthur &	Kines

may be refaired by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. irs ofter death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP VR A15 (4) ISM 9/59



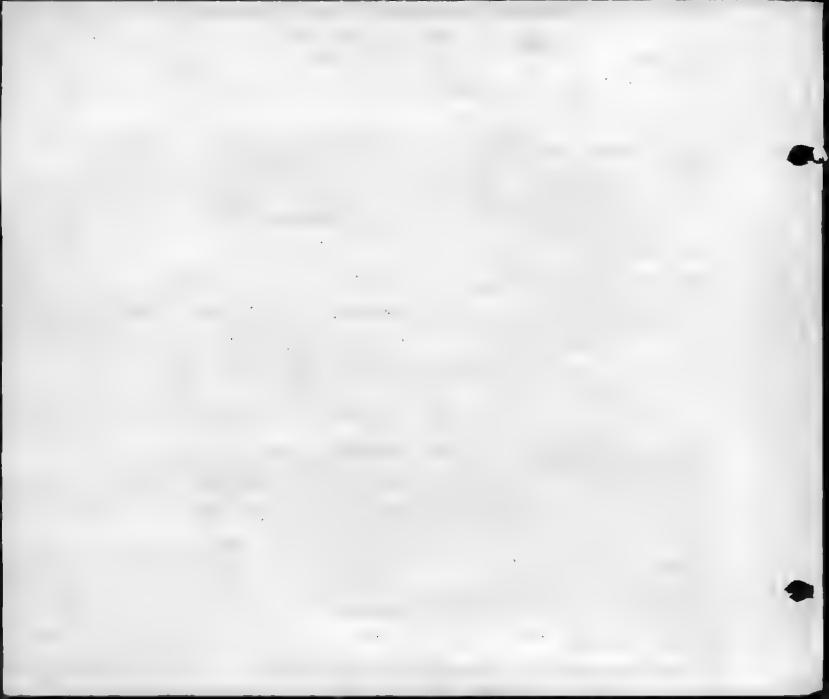
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATEMAY 16 '6

Mary

	05390
Reg. Dist.	
lived, If institution Residence	
d Monte	701n 8.04
rote limits, write RURAL and gri	re nearest town) /
*	e. IS RESIDENCE
dx Road	ON A FARM? YES NO 🗓
Month	Doy Year
1724	13 1960
9. AGE (In years IT UNDER 1	YEAR IF UNDER 24 HRS.
lost birthday) Months D	lays Hours Min.
ountry) 12. CITIZ	EN OF WHAT COUNTRY?
C	1. S. A
Hunter	
Address	
.7211	hesda Ad.
	INTERVAL BETWEEN
irl	Z W/C5.
1	
Disease	4-ears.
CONDITION GIVEN IN PART	(e) 19 WAS AUTOPSY
	PERFORMED? YES NO
II of item 18.)	
or town) (Co	unty) (State)
3 10601111	st saw the deceased
the couses and on the	
reet, city or town, state)	DATE SIGNED
ten Clinic	5/13,60
ION (City, town, or county)	(State)
113 Churc	
RAR 24b. REGISTRAR'S SIGN	
arthur S. to	rated

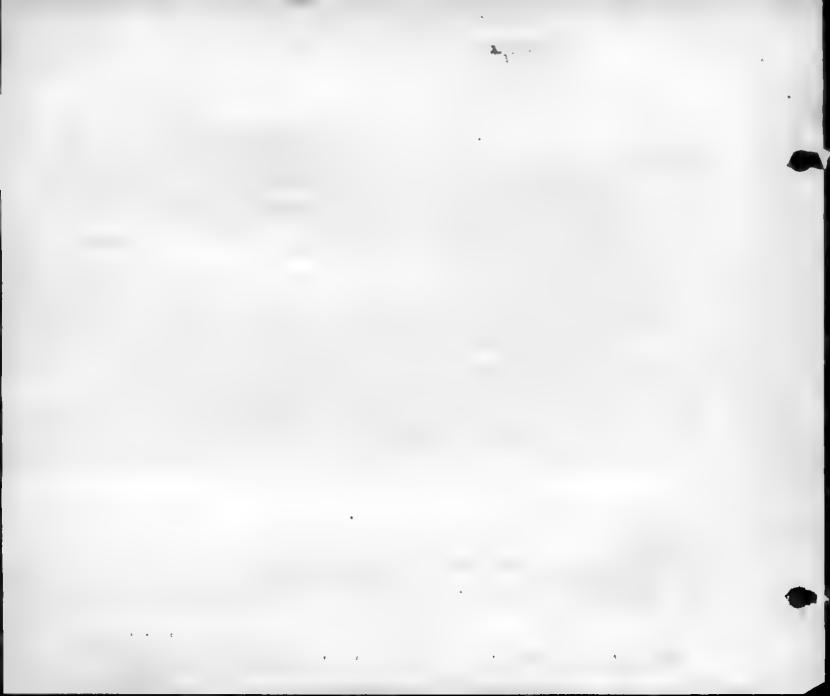
VS A15 (4)



deoth certificate

80

MARYLAND STATE DEPARTMENT OF HEALTH



executed within

50

þ

ũ

certificate

Ē

te has been s burial-transit

pached

2

pode

the

080

DIRECT

2

VS A15 (4)

15M 10/57

Par in

puo

# STATE COOMEDICAL EVAMINED'S CERTIFICATE OF HEALTH DEPT. TO DEPCTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event. With 172 hours after death. P VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF OF G

	603 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1.	PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
-	b. CITY OR TOWN In outs de conforete limits.  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outs de corporate limits, write RURAL end give nearest town)
3.	d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street eddress)  A STREET ADDRESS  ON A FARM?  YES NO DECEASED  OF OF OF OF OF OF OF OF OF OF OF OF OF O
5.	SEX   6. COLOR OR RACE 7. MARRIED   8. DATE OF BIRTH   9. AGE (In years If NDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
	12. CITIZEN OF WHAT COUNTRY?  15. LSUAL OCCUPATION (6 Volk nd of work one during most of working life, even if retired)  15. CITIZEN OF WHAT COUNTRY?  16. MOTHER'S MAIDEN NAME
	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT  as, not, of unknown) [(Ilyesgivawarordatesofservice)]  Address
	18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  (MMEDIATE CAUSE (a), Contary Octhory  Audding
	D DUE TO Conditions, if any, which (b)
7	geve rise to immediate cause (a), stating the underlying DUE TO (c)  PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY
FICAMON	PERFORMED? YES NO Z
AL CERTIFI	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work at w
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes Accident Suicide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
	NAME (Type) A A A A A A A A A A A A A A A A A A A
22	BURIAL Specify MAY 24,1960 ARLINGTON, NAT. CEM. ARLINGTON, VIRGINIA
2;	Martin W. Hysong a - 130- N. W. Norman 2 46. REGISTRAR'S SIGNATURE
-	The state of the s

BEACA

	6039	CERTIFICA	ATE OF DEATH	1		ال ( ) Reg. Dist. No	J O 4	
	PLACE OF DEATH d. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceosed	b. COUNTY	Residence bef	are admi	ssion)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	Bethesda	utside carpor	rate limits, write RUI	RAL and give n	tarest tax	rn)
	d NAME OF HOSPITAL (If not in hospital, give street or Institution  The Clinical Center, Be	oddress)	d. STREET ADDRESS	tnut S	Street		ON.	SIDENCI A FARM
3.	NAME OF First DECEASED (Type or print) Amy	Middle Lucille	Nifong	4. DATE OF DEATH	Month Mary		loy	Yeor 19 60
5.	SEX 6 COLOR OR RACE 7. MARR Female White WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH February 16.	1915		Months Doys	R IF JNE Hours	
A1	a JSLAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired) udit & Claims Supervisor		t Maryla	nd	auntry)	12. CITIZEN C	S.A.	COUNT
	John Crowder		Mary Chess	er				
15.	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. es, no, or unknown) (If yes, give war or dates of service) NO	ascertainable	The Clinical (				aryl	and
	1B. CAUSE OF DEATH [Enter only one cause per lin					, IN	TERVAL B	
	gave rise to immediate cause (a), stating the <u>under-lying</u> cause last.	lignant Melanc	oma, Metastati	C		Į.	j yea	ırs
CERTIFICATION						N HN PART 1(o)		ORMED?
ICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Day, Year 20d. 19	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (C ty	Or fawn)	(Caunty	)	(Sto

Not while

21. I certify that I attended the deceased fram. Nay 6 ..., 1960, to May 11 ..., 1960that I last saw the deceased \_\_, and that death accurred at 1:30PM, from the causes and an the date stated above. ADDRESS (Street, city ar town, state)

The Clinical Center National Institutes of Health

PHYSICIAN'S NAME (Type)

William O. Jones, M.D. 220. BUR AL, CREMATION 22b DATE THEREOF

Bethesda 14, Maryland 22c NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

24b REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be VS A15 (4)

be filed funeral should

completely filled in

as the burial-transit remayal,

detached for use



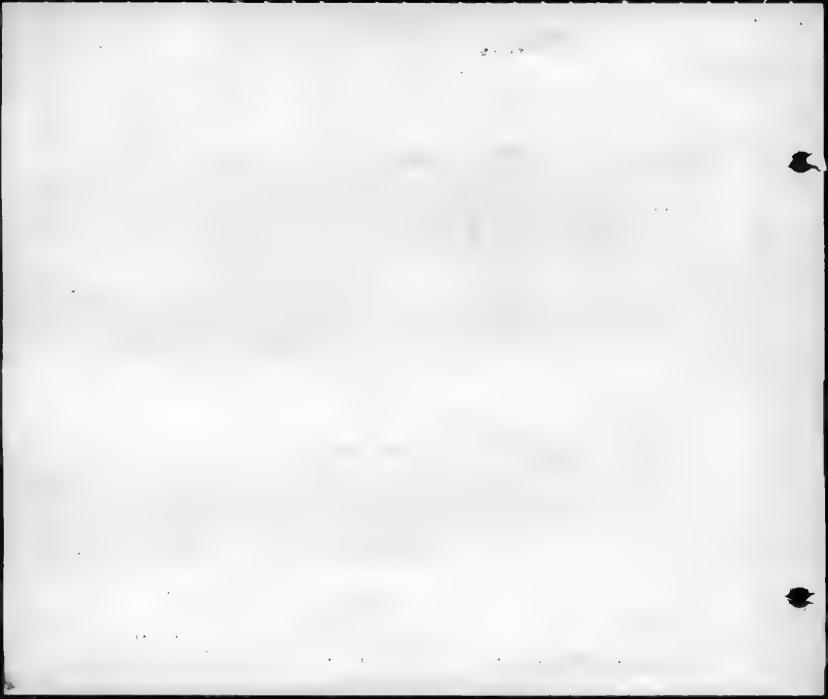
1		
)		PLACE OF DEATH  o COUNTY  2 USUAL RESIDENCE (Where deceased tived If institution: Residence before admission)  o STATE  b COUNTY
/	H,	b CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
A	6	RURAL and give nearest town)
X	, -	d NAME OF HOSP TAL (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	-	Edorory Day 9 HOS 11 1 1 DO12 DELOVE DE 1 1850 NO E
		NAME OF First Middle Last 4 DATE Month Doy Year DECEASED OF
	5 5	(Type or print)  SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH  9 AGE (In years I F UNDER 14 FAR) IF UNDER 24 HRS.
		SEX 6. COLOR OR RACE AMARRIED NEVER MARRIED B DATE OF BIRTH  9 AGE (In years less birthdoy)  WIDOWED DIVORCED 7- 6-5-7  WIDOWED DIVORCED 7- 7- 7-7  WIDOWED DIVORCED 7- 7- 7-7  WIDOWED 7- 7- 7-7  WIDOWED 7-
	10a	USUAL OCCUPATION (Give kind of work done done done)  WHAT COUNTRY?  OWN HOME CONTROL (State or foreign country)
		KIKHNOCKKERKKIKKKIKKKIKKKIKKKIKKKIKKKIKKIKKIKIKIKIK
	13.	FATHER'S NAME
Con.	7	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address Company 42
I		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT  Address Same as Item #2  NONE Delicated of service)  NONE Delicated Forces Address Same as Item #2
		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
		PART I DEATH WAS CAUSED BY. Congestive heart foilure
		DUE TO A LOS A
		Conditions, if any, which arterioscleration heart disease
adii.		lying couse lost. (c) DUE TO & diabetes, exterities.
	NOIT	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
	FICA	YES NO.
	L CERTIFICATION	206 ACCIDENT WAS UNDERLYING     206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. 20d. INJURY OCCURRED While Not while States, affice bidg., etc.) (State)
	WE	p m. 19 at work of work
		21 I certify that (I) (this haspital) attended the deceased fram. 4571 26, 1960, to 1724 37, 1960, that (I) (we) last
		saw the deceased alive on
f		Atto Ocea 10 MD PHYS DIRECTOR PHYS 5-5-10 SIGNED
ÿ		PACE PHYS CIAN'S NAME (Type) Aldo Lacca 22d. ADDRESS 1429 Univers. Blud, W. Silvsbr. 1.
	23o	BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State)
		BURIAL 5/9/60 CEDAR HILL CEMETERY PRINCE GEO. CO., MARYLAND
	_	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS SILVER SPRING, MD.  250 REC'D BY REGISTRAR'S SIGNATURE  ADDRESS SILVER SPRING, MD.
	1	DATE MAY 6 '60 Cily & Hand

rs after death Page 4 may be refuned by the hospital or attending physician.

TO EUNERAL DESCROR. After this certificate has been signed by the attending shysician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 22

TO HOSP VR A15 (4) 15M 9/59



page

15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
6040	CERTIFICATE	OE.	DEATH	

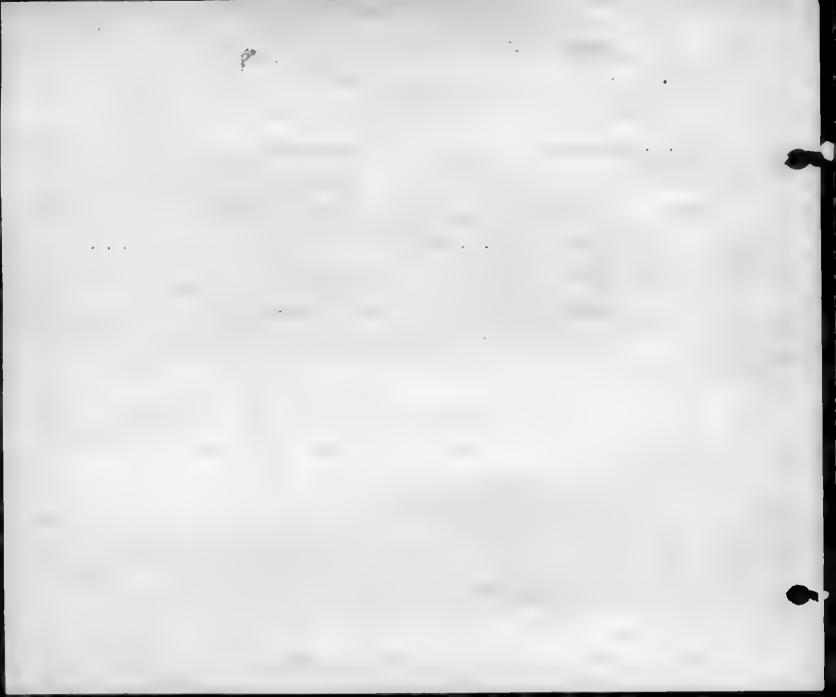
05986

 $\cup U \neq U$ PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY o. STATE b county MARYLAND Montgemerv Maryland b CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest lawn) 121 days Elkton d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE OR INSTITUTION ON A FARM? The Clinical Center, Bethesda lh. Ild. YES NO TO Middle 4. DATE Lost Month Year DECEASED OF (Type or print) Adell Marie DEATH 01ah1960 May 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years last birthday) Months Days Hours WIDOWED [7] DIVORCED | Female January 10. 1916 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife None Pennsylvania U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Jackowski Constance (Unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO The Medical Record Address Inascertainable The Clinical Center, Bethesda 14. Maryland 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac arrest minutes IMMEDIATE CAUSE (o) DUE TO Congestive Heart Failure ! . Conditions, if any, which hours gave rise to immediate **DUE TO** cause (a), stating the under-Acute Myelogenous Leukemia lying cause ast months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSI PERFORMED? YES NO 200. ACC DENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour o. m. factory, street, office bldg., atc 1 Not white at work at wark 21 1 certify that I attended the deceased from January 19, 19, 60, to May 19, 19, 60, that I last sow the deceased 1960\_\_\_, and that deoth occurred at 6:55A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED PETRAL The Clinical Center SIGNATURE National Institutes of Health PHYSICIAN'S Charles E. Mengel, M.D. NAME (Type) Bethesda II. Marryland 270 BURIAL CREMATION | 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City Town, or county) REMOVAL (Specify) Immaculate Conception, nr. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY files. director, Page Baltimore 132 Montgomery Maryland MARYLAND b. CITY OR TOWN (if outs de corporate fimits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporete I m'ts, write RURAL end give nearest town) Board of F write RURAL end give neerest town) Bethesda (Rural) Long Green DOA d. NAME OF HOSP TAL OR INSTITUTION (if not in hospite, give street eddress) d. STREET ADDRESS e. 15 RES DENCE 3 to the funeral ON A FARM? may be retained 2 with the State E U. S. Naval Hospital Drop Anchor YES TO NO TX NAME OF Middle 1 ast 4. DATE Month DECEASED OF (Type or print) DEATH 24 19 60 d be executed within 24 hours after death, if pencil in Item 18, Give Pages 1, 2, and 3 to the calong with form PM3. Page 5 may be rial-transit permit, File 2565, and 2 with the all and in any event within 72 hours after Howard Thomas ORVILLE May 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 58 yrs. Months | Days Hours Male Caucasian WIDOWED DIVORCED 6-16-61 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Naval Officer Wyoming U. S. Navy 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William ORVILLE Lucy WYANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordelesafservice) Office along with burial-transit perm Yes 1925-1950 216-30-0958 Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN Sudden PART I. DEATH WAS CAUSED BY: Coronary Thrombosis IMMEDIATE CAUSE (e) Office **DUE TO** Conditions, if any, which d "pending" i Examiner's O se used as a b geve rise to immediate cause DUE TO (e), stating the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1101 19. WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati YES K NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Dev. Year 20f. (City or lown) (State) While Not While factory, street, office bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE -DEPUTY MEDICAL EXAMINER X BROSCHART NAME (Type) Frank Address (Street, city, lown, or county) 220, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) E40 9 Burial Arlington National Arlington Virginia 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Md. VS. A15ME Crima S. Kings Brooks Funeral Service, 622 York, Rd. Towson 4

5M 7/59



VS A15 (4) 15M 9/5B

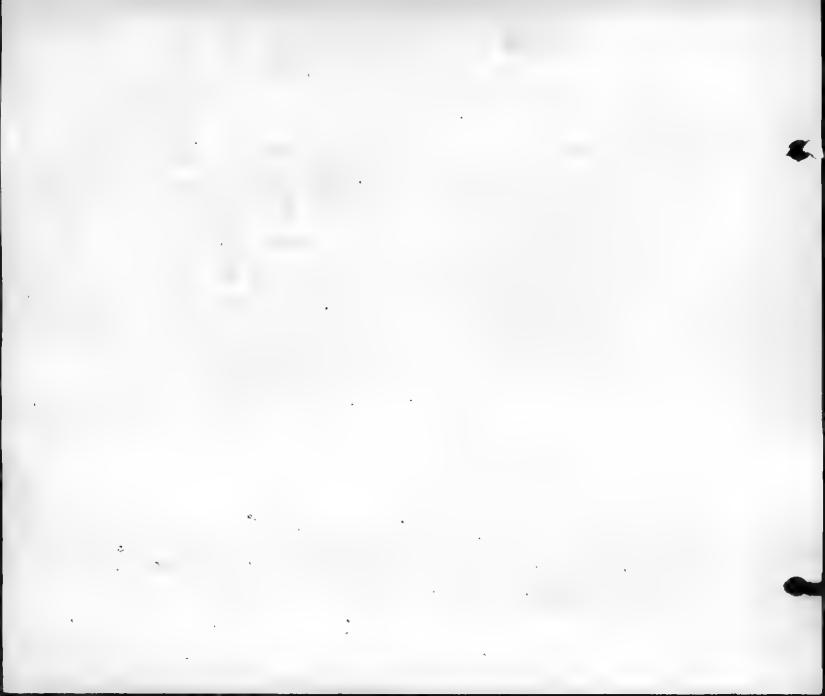
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6042 CERTIFICATE OF DEATH

Reg. Dist. No.

05988

L			-							Keg. DIST.	NO.	
1	PLACE OF DEATH a. COUNTY Montg omery MARYLAND				2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY M. ryland Hontgomery							
	b. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest lown)					. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Bethesda 14 hours					Germantown						
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d STREET ADDRESS  e. IS RESIDION A F/						A FARM?
	Suburban	Hospital				Middle	brook	Trailer	Court		YES	□ NO □
3.	NAME OF DECEASED (Type or print)	Fire	it	Middle	9		Last	4. DATE OF DEATH	Month		Day	Yeor 19 60
-	SEX	Beggy	7	A.		Owens			AGE (in years	E LINDER 1 N	EAID (C 1)	NDER 24 HRS
3.	f emale	6. COLOR OR RACE White	WIDOWE	DIVORCE		8. DATE OF B 2/8/3		٧.		Months Do		
100	LSUAL OCCUPATI	ON (Give kind of work of	ione 10b	KIND OF BUSINESS (	OR INDIES	TPY 11 BIRT	-IPLACE /Stote	or foreign coun		12 CITIZEI	N OF WHA	T COUNTRY?
	10a LSUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)					Speedwell. Va.						
13.	FATHER'S NAME					14. MOTHE	R'S MAIDEN	NAME				
	Georg e Bhain Patton					Laura L. Weeks						
15.	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	). IP	NFORMANT			Addre	ss Corre	insta	on Mal
Ľ	is. na, or unknown)	(If yes, give wor or dates of se	BLA HZIB.)			Mr. H.R. Owens Middlebrook Trailer Ct.						
	18. CAUSE OF DE	ATH (Enter only one ca	use per lir	ne far (a), (b), and (c)	.]						INTERVAL	BETWEEN
	PART I. DE	ATH WAS CAUSED BY.	<i>t</i> :		I							ND DEATH
	1.0	IMMEDIATE CAUSE (o)	1= )	Sangain	9710	n					16 h	<u> </u>
	17	DUE TO										
	Conditions, if	any, which )	Thou	accord of t	richt	ilian	ireun I	h. nort	achat.	tume	www.	
	gove rise to immediate											
	couse (a), stoting	the under- DUE TO			, ,			1				
1	lying cause lost ) (c) 2 quamers call carcinama a futerine cirus appres 18 mo											
Z	PART H. OT	HER S GNIFICANT CON	PIPION	ONTRIBUTING TO DE	ATH BUT	NOT RELATED	TO THE TERM	ANAL DISEASE C	OND TION G VE	N IN PART 1	a 19. W/	AS AUTOPSY
3												REFORMED?
Ιÿ											153	MY 140 L
CERTIFI	206 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)											
Ιš	20c TIME OF INJU	RY Month, Doy, Yes	r 20d, II	NJURY OCCURRED	20e PL/	CE OF INJUR	Y (Hame, for	m, 20f. (City or	fown)	(Cou	ntv)	(Stote)
MEDICAL	Hour a.m.	•	While	Not while	foc	tory, street, of	fice bldg., et	E)	,	,		
Σ	p. m	19	at wor	k at work				1				
	21. I certify that I attended the deceased from May 13, 1960, to Mary 14, 1960 that I last saw the deceased											
	/	mire 114	20/	7	7		100					
	alive on	1004	, 19_0	222, and thou	l death	accurred			e causes and			
		1 1/1/		/		ADDRESS (Street, city or town, stale) 5-14-6-PATE SIGNED						
	SIGNATURE & Koscoe Creer MD 5205 Sorset are, Chem Chase 15 Mad											
	310tt Alone	1 -				W.D			22 3-2-1, J=24-	1-22		
	PHYSICIAN'S NAME (Type)	1. Rosco	00	Cropp	11.	D.				7		
220	BURIAL, CREMAT	ON, 226 DATE THEREO		22c NAME DE CEN	NETERYZO!	CREMINOPY		22d LOCATIO	N (City, town, or	county)	19	otote)
	REMOVAL (Specify	5-15-	60	Marcos	1	eint	Exy \	" # # 1/1"	ion	,,	The	2
23.	FUNERAL DIRECTOR	US SIGNATURE	1	ADDRESS	lun	Dance	240. REC	D BY REGISTRA		RAR'S SIGN		
	- Brett	6	2-2-1	1 Jones		100	DATEMA	14 1 6 '60	and	hun & th	aud	



Division of STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND FOR STATE SOMEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. dence balore admission) and 3 to the funeral director. Page and 3 to the funeral director. Page may be retained for your files. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: a. COUNTY a. STATE **b.** COUNTY Montgomery MARYLAND Maryland Montgomery b City OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Olnev days Monrovia d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Montgomery Co. General Hosp. YES NO ST 3. NAME OF M ddle DATE Month Day DECEASED 2 with the OF (Type or print) Martha DEATH Elizabeth Parsley 18 May AGE (In years | IF UNDER I YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. within 24 hours after dea 18. Give Pages 1, 2, and 3 h form PM3. Page 5 may nit. Fijerpages 1 and 2 with lest birthday) Months Days Hours Female WIDOWED DIVORCED 9.1 3. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during-most of working life, even il retired) Maryland U.S.A. romework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Parslev Mary Ward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ilyes give war or datasol servica) in pencil in them 18 coffice along with free burial-transit permit amoval, and in any a Hospital Records This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per lina lor (a), (b), and (c).] Olney, 1d. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute myomardil IMMEDIATE CAUSE (a) **DUE TO** removal. sudden thrombosis caronary Conditions, if any, which (b) "pending" i xaminer's O used as a bi gave rise to immediate cause **DUE TO** should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to buring cramming. (a), stating the undarlying Fractures of left humerus and left days causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11811 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [ EXAMINER: CAUSE OF DEATH. Fell on floor at home MEDICAL | 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, Jarm, ' 20f. (City or town) 20c. TIME OF INJURY (County) (Stata) factory, street, office bldg., etc.) Whila Not While lid. at work at work 🔀 Monrovia monts. 19 60 21. I certify that I took charge of the remains described above, held an Autopsy & Inspection Inquiry and in my opinion MEDICAL death resulted from: Natural causes Accident 3 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 5.18.60DEER SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Broschart Frank DEPU NAME (Typa) Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Q40 p 0 Burial Laytonsville 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Ĥ 23 FUNERAL DIRECTOR VS. A15ME Md. Laytongville. 5M 7/59 DATEMAY 2 3 '60 Circhan S. Kings

MARYLAND STATE DEPARTMENT OF HEALTH

VS A1S (4) 15M 9/5B

a.	COUNTY	MARYLAND	a. STATE	C	b. COUNTY					
b	C TY OR TOWN (If outside corporate limits, write RURAL and give nearest tawp)	c. MENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)							
đ	NAME OF HOSPITAL (If not in haspitol, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS	Beand	evene	ON A FARM	?			
D	AME OF First ECEASED ype or print)	Middle	Pane	4. DATE OF DEATH	Month 5	Day Year 27 196	0			
5 51	Kale Wildweight 7. MARRI		1 5 /18 2	8 4 9 103	E (In years IF UNDER birthday) Manths		IRS			
_	USUAL OCCUPAT ON (Give kind of work dane 10b.) during most of working life, even if retired)	and of Business OR INDUS	en Esse	e 0.0	2 2	1. S	RY?			
	arther's NAME	me	14. MOTHER'S MAIDEN	ende	e ,					
	VAS DECEASED EVER IN U. S. ARMED FORCES? 16	OCIAL SECURITY NO.	Viandol.	Shalm	Address B	14 M. Dra	74			
	B CAUSE OF DEATH [Enter only one couse per ling , PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	(b), (b), and (c), b	Tailens	2		INTERVAL BETWEEN ONSET AND DEATH	H 4			
	Canditions, if any, which ) (b)	yo loneps	hritis			2 weeks				
	gave rise to immed ofe cause (a), stating the under- lying cause lost.	botractine	reropat ky	- horbiet	They want	1 un barrer	~			
CATION	PART 11 OTHER'S GNIFICANT CONDITIONS CO	***************************************			VI V (	PERFORMED?	?			
20	200. ACCIDENT WAS UNDERLYING 200 DESC OR CONTRIBUTING 2015 OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D (Enter noture of injury #	n Part I ar Part II af	item 1B )					
MEDICA	20c TIME OF INJURY Month, Day, Year 20d. IN Haur a. m. 19 While at wark	Nat-while fac	ACE OF INJURY (Hame, factory, street, office bldg., e		wn) (	(County) (Sta	afe)			
- 1	21. I certify that I attended the deceased from, 1950, to May 27, 1960 that I last saw the deceased alive an 1950, to May 27, 1960 that I last saw the deceased alive an 1950, to May 27, 1960 that I last saw the deceased alive an 1950, to May 27, 1960 that I last saw the deceased alive an 1950, to May 27, 1960 that I last saw the deceased alive an 1950, to May 27, 1960 that I last saw the deceased alive an 1950, to May 27, 1960 that I last saw the deceased alive an 1950, to May 27, 1960 that I last saw the deceased alive an 1950, to May 27, 1960 that I last saw the deceased alive an 1950, to May 27, 1960 that I last saw the deceased alive an 1950 that I last saw the deceased alive an 1950 that I last saw the deceased alive an 1950 that I last saw the deceased alive an 1950 that I last saw the deceased alive an 1950 that I last saw the deceased alive an 1950 that I last saw the deceased alive an 1950 that I last saw the deceased alive an 1950 that I last saw the deceased alive an 1950 that I last saw the deceased alive an 1950 that I last saw the deceased alive and 1950 that I last saw the deceased alive and 1950 that I last saw the deceased alive and 1950 that I last saw the deceased alive and 1950 that I last saw the deceased alive and 1950 that I last saw the deceased alive and 1950 that I last saw the deceased alive and 1950 that I last saw the deceased alive aliv									
	ACTUAL SIGNATURE	16/A/6	м.в. 3921	ADDRESS (Street, of 7 1/1/10/21)	city or town, state) 2r_57N4	DATE SIGN	IED			
	PHYSICIAN'S STEWART	Claps	4)0	ish 15	DC	,				
	BURIAL (Specify) BURIAL (Specify) 5/31/60	22c. NAME OF CEMETERY OF	R CREMATORY Semetery	Washir	(City town, or county)	(State)				
	UNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE				
1	Robert A. Pumphrev B	Bethesda. Ma	ryland DATE &	UN 1 '60	Cirthun S.	Times				



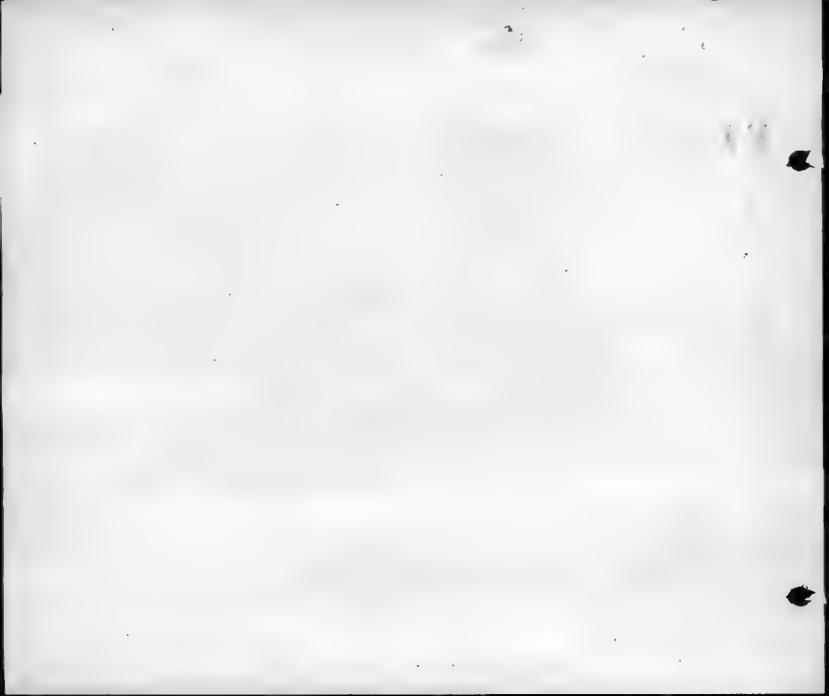
#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

05991

	591-3 CERTIFICA	ALE OF DEATH
1	1. PLACE OF DEATH a. COUNTY Gentyomany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (Proviside corporate limits, write RURAL and give nearest town)  Takena Fark	c. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
5	o NAME OF HOSPITAL (If not in hospital, give street address) /OR INSTITUTION  (ACCEPTION Sun & Hospital)	8916 5919 Ave-, e. is residence on a farm? YES \( \) NO \( \)
	3. NAME OF DECEASED (Type or print) Hole Orinsbee	Pedersun Death 3 - Day Year Death
	5. SEX 6 COLOR OR RACE 7. MARRIED   NEVER MARRIED   THE MARRIED   DIVORCED	8 DATE OF BIRTH    2 - 2 - 8 9   9 AGE (In years   15 UNDER 1 YEAR IF UNDER 24 HRS     2 - 2 - 8 9   9 AGE (In years   15 UNDER 1 YEAR IF UNDER 24 HRS     3 - 3 - 4 - 8 9   9 AGE (In years   15 UNDER 1 YEAR IF UNDER 24 HRS     4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
)	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	JUSTRY 11 BIRTHPUACE (State or foreign country) 12-CITIZEN OF WHAT COUNTRY?
	Robert McCade	14. MOTHER'S MAJOEN NAME 44 KNOW 27
	(Yet, no, or unknown) a fit was give were or detented to be under	informant lashington Sanitarium + Hespital Re.
	IMMEDIATE CAUSE (0)	interval between onset and Death
	Canditions, if any, which gave rise to immediate cause (a), stating the under:  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under:	asulan accordent 3 mont
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	UT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Part I ar Part II af Item 18 )
	20k TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED   20e.   Haur a m.   While   Not while   at wark   at wark	PLACE OF INJURY (Hame, form, 20f (City or town) (Caunty) (State) factory, street, affice bldg., etc.)
1	21 I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 5-14 19 (60, and that	death accurred at 10 5 M, from the causes and an the date stated above
	22c. SIGNATURE  2. SIGNATURE  2. PHYSICIAN'S	M D ATTENDING MED. STAFF 5- 16. (1.3)
	NAME (Type) VERONIVA T	120 25 d. 10236 NH DAC. SS Mo
	Burial Removal (Specify) Ray 19, 1960 George Was	hington Ayattsville, Md.
-	F. Gasch's Sons Hyattsville, Md.	250. REC'D BY REGISTRAR 250. REGISTRAR S. SIGNATURE  DATMAY 1 9 '60  250. REC'D BY REGISTRAR S. SIGNATURE  Oxthur 3. Three

may be Rectined by the haspital or attending physician.

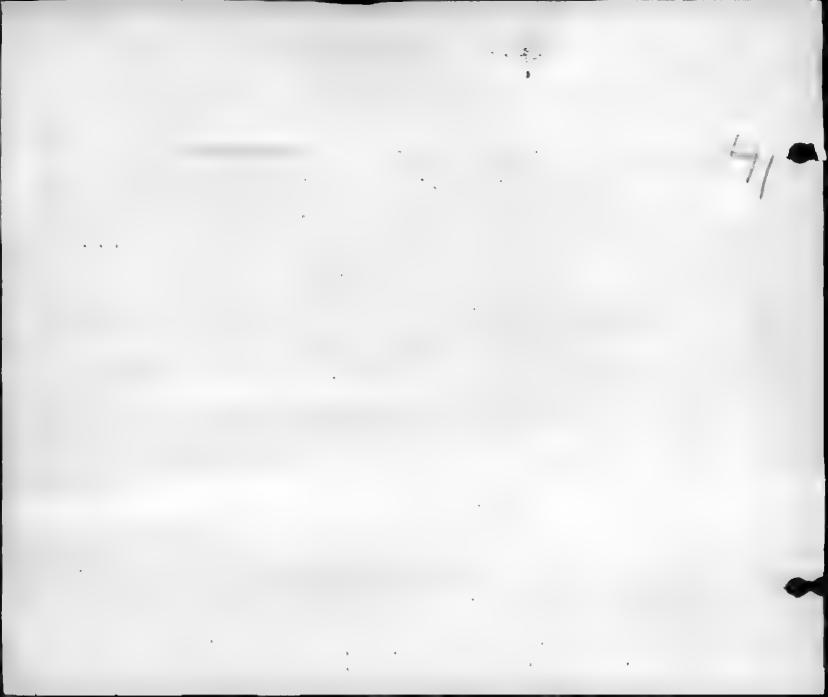
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic an and campletely filled in by the funera d rectar, page 3 should be detached far use as the buriol-transit permit. Then please remave carbay pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, or remaval, and in any event, within 72 hours after death. urs after death. Page 4 LOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed TO HOSE VR A15 (4) 15M 9/S9



# V\$ A15 (4) 15M 10/57

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6045	CERTIFICATE	OF	DEATH	

-						15-01			Kad. Dist.	110.	
ì	PLACE OF DEATH			MARYL		o. STATE	ere deceased liv	A COUNTY			m)
-	Montgomer	outside corporate limits.	write	c. LENGTH OF STAY IN	1 16	Maryland c city or town (IF o	utuda samasala		Montgo		
	RURAL ond give ne		wille		110			umin, write AU	KAL ONG GIVE	Hedrest town)	
-	Bethesda	Al difference has been dealers and		8 days		J Silver Sp	ring				
	OR INSTITUTION	AL (If not in hospital, give	street o	oddress)		d STREET ADDRESS				e. IS RESID	
L	The Clinica	al Center, F	<u>leth</u>	esda 1/1, 16d	. !	2920 New	Castl	Aven	u <b>e</b>	YES 🗌	NO 📆
3	NAME OF DECEASED	First		Middle		Lost	4. DATE	Month		Day Ye	гог
	(Type or print)	Shir	ey	May		Porter	OF DEATH	May		31 19	9 60
5	. SEX	6 COLOR OR RACE 7	MARR	IED MEVER MARRIED	B.	DATE OF BIRTH	9. /			EAR IF UNDER	24 HRS
_	Female	17 _ 12 0 0	VIDOWE		found	July 29, 19	13   7	16 yrs	Months Do	ys Hours	Min.
1	Da. JSUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	ne 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11 BIRTHPLACE (Stote	or foreign counti	γ)	12 CITIZEI	N OF WHAT C	OUNTRY
	School Tead			Teaching		Illino	is		U.	S.A.	
Įī.	3. FATHER'S NAME			A 10 10 10 10 10 10 10 10 10 10 10 10 10		14. MOTHER'S MAIDEN N	AME				
	Herman Wall	ker				Maude Dixo	n				
		IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INF	PRMANT The Med	ical Ro	cond Addre	15.		
	Yer uo' or numowu) {	If yes, give wor or dates of servi	2	14-12-7193	1	Clinical Ce				arvland	7
F	18 CAUSE OF DEA	TH [Enter only one cous	e per in	ne for (a), (b) and (c) 1	1 20100	OTTIVITORT OF	11001 0 20	001100000		INTERVAL BET	
1		TH WAS CAUSED BY-		Respiratory	Ths	ufficiency			d	TO day	EATH
	3 * 7 .	IMMEDIATE CAUSE (o)				Breast with	Motast	acon to		20 00,	
	Conditions, if or			er, Lungs a			i iie bao b	4565 UV		4 Yea	220
	gove rise to in	nmediate	ПΤΛ	er, Dungs a	iila D	brite.				4 166	11.2
	lying couse lost.										
2		FR SIGNIFICANT CONDE	TIONS C	ONTO DE L'ENC TO DE AT	U BLIT NI	OT RELATED TO THE TERMI	NAL DISEASE CO	AND PROPERTY.	L TALBARIA	ol 19 WAS AL	LITORCY
ACITA TIBICATION			TONS C	ONINGOTING TO DEAT	- 101 A	OF RELATED TO THE TERMIN	NAC DISEASE CC	MUTHON GIVE	N IN PAKI 1(	PERFOR	MED?
216030	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] 20 CAUSE OF DEATH MEDICAL EXAMINER)	06 DESC	CRISE HOW INJURY OC	CURRED.	Enter nature of injury in P	ort I or Part II o	of item 18.)			
MEDICAL	20c. TIME OF INJURY	Month, Doy, Year	20d. th	UURY OCCURRED 2	0e PLAC	OF INJURY (Home, form,	20f. (Cily or	own)	Cour	nty)	(Slote)
180	Hour e, m,	19	While of work	Not while	Poctor	y, street, office bldg , etc.	) [				
1		at I attended the d	1	2.4	23	, 19 60, to	Marr 23	2060			
		Mav 31	. 126			ccurred at 0:55p	1100	1960	thot I last	t sow the d	lec <b>eas</b> e
Т	Olive on	A CONTRACTOR OF THE PARTY OF TH	, 1 <u>29.</u>	Y, and that o	leath o		M, from it LDDRESS (Street,				
ì	ACTUAL N	land 1.1.		/					olel	6-1-	E SIGNE
	SIGNATURE	1	-~~		M.I	The Clini			77 7.1.1.		-00
1	PHYSICIAN'S	SAUL GENUTH	. M	.D.		National			dealth		
-	Library (1) bat	N, 22b. DATE THEREOF				Bethesda		yland			
1	REMOVAL (Specify)	11-11-		22c NAME OF CEMET			22d. LOCATION		county)	(Stote)	
-		6/3/60	200	Arlingto	on N	ational Ce	m. Ft	. Myer	· Va		
	The S.H.	Hines Co.		Ol Adolesh S			BY REGISTRAR	245 REGIST	RÁR'S SIGNA		
	TITO POIL	TITILES OO.	Wa:	snington (	9. D	.C. DATE JU	N 3 '60	Cir	(A) [2] /	C/MANA.	



VR A35 (4) 15M E/SE

Ki

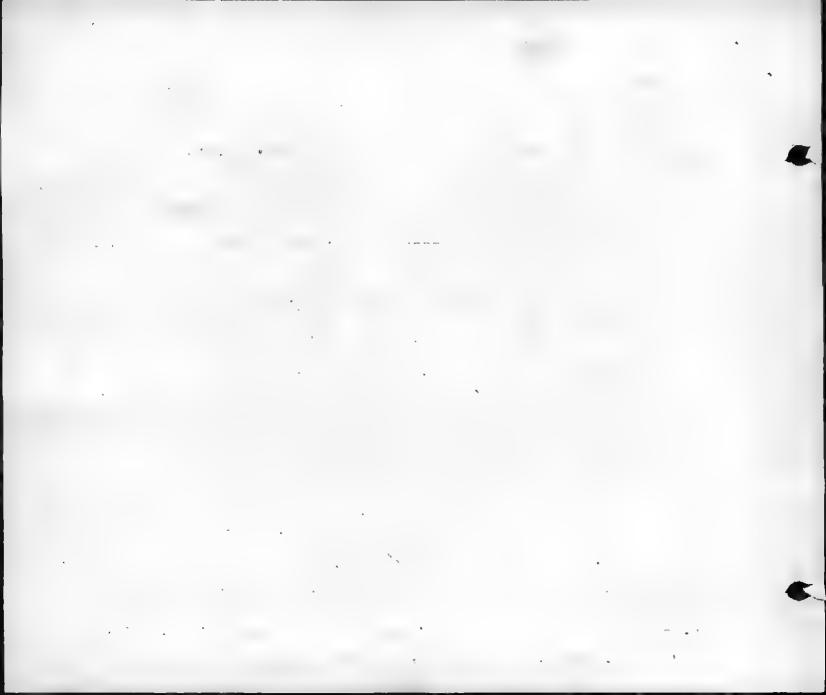
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

- BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 5894

	o. COUNTY M	ONTGOMERY		MILITAL		o STATE M	ARYLAI	TD I	If institution COUNTY	MONTGO		on)
	b. CITY OR TOWN (IF	outside corporate lim	its, write   c.	ENGTH OF STAY IN	l lb	.e86 H	. '	elside corporate lin	nits, write RU	RAL and give m	earest tawn)	
	d. NAME OF HOSPITA OR INSTITUTION 812 B	urlinot in haspita , quella (IF not in haspita )	DRIVE	oss)		d STREET AL		NGTON DR	VE		e IS RESI	FARM2
1	NAME OF DECEASED (Type or print)	CHARLE		ALF RED		PRATT		4. DATE OF DEATH	MAY	6	-7	9 60
S S M	SEX ALE	WHITE	7 MARRIED WIDOWED	NEVER MARRIED  DIVORCED		4/19/1		9. AG		F UNDER 1 YEA Months Doys	Hours	Min
	USUA. OCCUPATIO during most of works ir Condition	N (Give kind of warking life, even if retired oning Mech	1	O OF BUSINESS OR	INDUSTI			or foreign country)		12. CITIZEN C		DUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
C	harles T. !	Pratt				Mary	Louis	se Turner	2			
	WAS DECEASED EVER s. no. or unknown)	IN U.S. ARMED FOI Fyes, give war or dales of	nouses)	09-0980	1	. Flore	nce V	. Pratt,				
CATION	Conditions, if an gove rise to in couse (a), stating t lying couse last.  PART 11. OTH	he <u>under</u> ER S.GNIFICANT CON	o) o) o) iditions <u>con</u>							N IN PART 1{a}	19. WAS A PERFOR	SWED5
MEDICAL CERTIF	20g ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY / 20c. TIME OF INJURY Hour o.m., p. m.	CAUSE OF DEATH MEDICAL EXAMINER)	or 20d. INJUR	Y OCCURRED  Not white of work	Oe. PLAC		lome, farm,	20f. (City ar to		(County	)	(Stote)
		(I) (this hospital deal alive and This		the deceased for 1964, and the	hat de	ATTENDING	SS	D STA	AFF		e stated 22b	
230	BURIAL, CREMATION REMOVAL (Spec fy)	5/10/6		ROCK CREE				23d LOCATION (			(Stote	1)
24	FUNERAL DIRECTOR'S WARNER E	SIGNATURE PUMPHERLY	ING Ka	ADDRESS SILVER SE	PRINC	G, MD.	250. REC'D	BY REGISTRAR		rar's signatively 2. K		

t • •



TO HOSPITE DR ATTINIDING INVSICIAN: The law requires that the death certificate be executed within 24.1 after death. Page 4 may be refarred by the hospital ar attending pilystation.

THE FUNERAL MIRECTER: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 3 and 2 shauld be filed with the State Board at Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

	_	
	1 6	CC
	i i	RU
Y	(	d. N.
	3, 1	NAM DECE Type
	5 9	EX
	10a	USI
/_	13.	FATI
1	15. (Yes	WAS
	MEDICAL CERTIFICATION	18.  Cr gs co lyi  20a OR (IF   20c 21 Say
		_

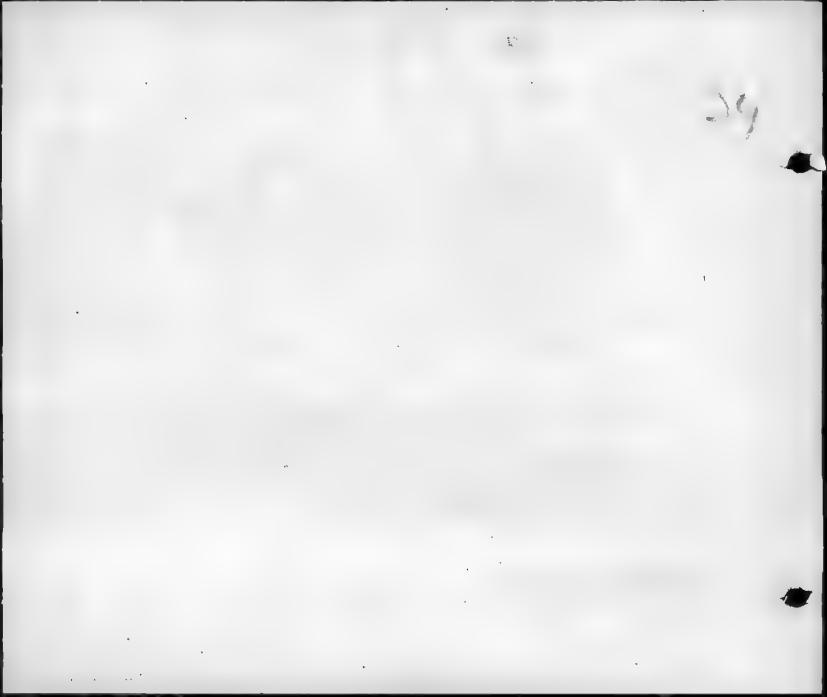
	589	5 CERTIFIC	ATE OF DEATH		(10000)
1 PLACE OF DEATH			2 USUAL RESIDENCE (Where		n Residence before admission)
	gomery Count	MARYLAN	Maryland	b. COUNTY	Montgomery
b. CITY OR TOWN ( RURAL and give n	If autside corporate limits, earest tawn)	, write c LENGTH OF STAY IN 1	b CITY OR TOWN (If outs	ide carporote limits, write RU	(RAL and give nearest fown)
Silver	Spring	ll Years	Sliver S	pring	7
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, giv	a street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	th Avenue			Avenue	YES NO
3. NAME OF DECEASED	MARY	Middle	10	DATE Mont	4 6 10
(Type or print) 5 SEX	6 COLOR OR RACE	JANE	KAYNOK  B DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
		7 MARRIED NEVER MARRIED [ WIDOWED ] DIVORCED [		last birthday)	Months Days Hours Min.
Female  10a USUAL OCCUPATO	ON (Give kind of work do	one 10b KIND OF BUSINESS OR IN	00000 270 200		12. CITIZEN OF WHAT COUNTRY
during most of wor	king life, even if retired)	At Home	Washington.		U.S.A.
13. FATHER'S NAME	110	Де Поше	14. MOTHER'S MAIDEN NAM		0 + 0 + 0 + 0 + 0
John T	. Disney		Catherine V	/err	
	R IN U. S. ARMED FORCE		7 INFORMANT	Addre	BSS
NO. or dixidown	[If yes, give wor or dates of serv	None	Lillian Higdon 8	3602 11th Ave.	.,S.S.Md.
		se per line for (o), (b), and (c).			INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY IMMEDIATE CAUSE (6)_	Cerebro-VASCO	Lar Accident	(Stroke)	7days
331	DUE TO	11	0 1 1 1	1 2 1	
Conditions for		HYPER EUSION	· Generalized A	rterios clerosi	s years.
couse (a), stoling			, ,		
lying couse lost.	(c)_	ITIONS CONTRIBUTING TO DEATH	OLY NAME OF A TENTAL TE	DISEASE CONDITION CIVI	EN IN PART 1(o) 19 WAS AUTOPSY
OTA PART II. OII	HER SIGNIFICANT COND	THOMS CONTRIBUTING TO DEATH	BUT NOT REDATED TO THE TERMINA	AL DISEASE CONDITION GIVE	PERFORMED?
20g ACCIDENT W	AS UNDERLYING 2	20b. DESCRIBE HOW INJURY OCCU	RRED. (Fester nature of injury in Par	rt Lor Port II of item 18.1	IED NO
I OR CONTRIBUTING	MEDICAL EXAMINER		Carron Hotero at Injury W. Co.	, , , , , , , , , , , , , , , , , , , ,	
		20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, form,	20f. (City or town)	(County) (State
20c TIME OF INJUI Hour o.m.	19	While Not while at work of ot work	foctory, street, office bldg., etc.)		
	-	attended the deceased fra	_ June 105	5 10 May 8	, 1960, that (I) (max) las
saw the decea		Y 7 1960 and the	at death accurred at 5 A M	- 1.19	d an the date stated above
226 SIGNATURE	sed diffe di Susses	1 / Glid III	ar dediti diccorred das j (iii	t, from the cooses and	226. DATE
Ernes	tu. Da	rao W	M D PHYS MED DIRECT	CTOR PHYS	may 8, 1960, IGNE
22c PHYSICIAN'S NAME (Type)	TONTION A	CARAO2 N.D.	22d. ADDRESS	amakina in	Malana Bank Mi
	ERNEST A. S	SARAO? M.D.	(000 New H	ampenire ave.	Takoma Park, Md.
23o BURIAL, CREMAT ( REMOVAL (Specify)		23c NAME OF CEMETER	Y OR CREMATORY 23	3d LOCATION (City, town, o	r county) (State)
Burial	May 10, 1		ington Cemetery	Hyattsville	
24. FUNERAL DIRECTOR	AMBERS CO.,	ADDRESS Riverdale, Ma	Alf Bree free	4 4	TRAR'S SIĞNATURE
# # D	PINDOWS CO.	MIAGINSTO, W	TLATENTIN DATE WIN		- thun S. Henry



. .

.

2	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
-	5896 CERTIFICATE OF DEATH (15996)
Filed with	1. PLACE OF DEATH O COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on) O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland  O. STATE  D. COUNTY  Maryland
2	b. CITY OR TOWN (If outside corporate limits, write Vc. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Silver Spring 19 years Silver Springs Md.
should	d NAME OF HOSPITAL (If not in hospital, give street address)    d. STREET ADDRESS   e. (5 RESIDENCE ON A FARM?)
oue l	8406 Houston Street 2406 Houston Street 185 No.
o	3 NAME OF DECEASED (Type or print) NORMA L Middle REDDY 4. DATE OF DEATH 28 May 1940
	female white widowed Divorced Jan 9, 1915  6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTY  9. AGE (in years lift UNDER 1) YEAR IF UNDER 24 HRS  45 Whom this boys Hours Min.
leoth.	100. USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY] II BIRTHPLACE (Slote or foreign country)  Auditor accounting  US Government  Philadelphia Penna  US A
a de la companya de l	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	John Lynham Sr Norma Halstead
hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  [Yes no or unknown] (If yes, give wor or defea of service)
22	no Stephen J Reddy Silver Springs, Md.
sir permir, shen p	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate cause (o), stoting the under:  lying couse lost.  ONSET AND DEATH  Carculation Colour  Consetting the under:  lying couse lost.  ONSET AND DEATH  Carculation Colour  Colour  Carculation Colour  Carculation Colour  Carculation Colour  Carculation Colour  Colour  Carculation Colour  Colour  Carculation Colour  Colour  Colour  Carculation Colour  Colour
laval, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 40 THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED?  YES NO 16
a re	20b ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
g de la companya de l	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 of work
havid be defached to	21. I certify that I attended the deceased from and 1, 1959, to 28 may, 1960, that I last saw the decease alive on 2 may, 1960, that I last saw th
page 3 sl th∎ regist	270 BURIAL CREMATION, 27b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. (OCATION (City. town, or county) (Stote) REMOVAL (Spec (y) 6/1/60 Ft Lincoln Cemetery Colmar Lanor, Md.
4	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR'S SIGNATURE
(4) /57	iasch's Sons Hyattsville, Md. DATE JUN 2 '60 Orthur & Krund



TO HOSPIT

VS A15 (4) 15M 10/57

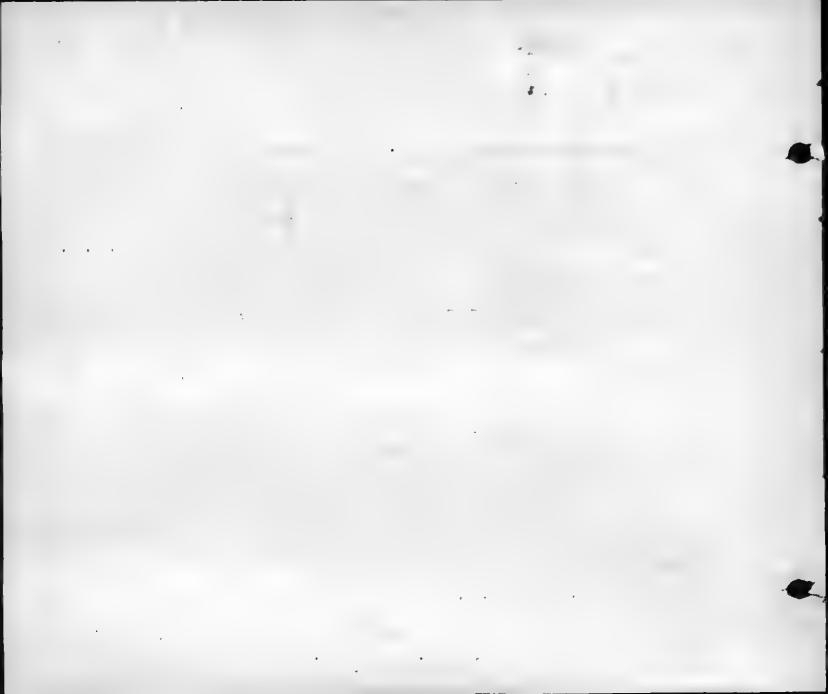
,500	_	-		
1	1	А	1	
- 1	V		7	
·			/	

05

6847 **CERTIFICATE OF DEATH** 

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

									Keg. Dis	IT, NO.	
1. PLACE OF DEATH					2 USUAL RES	IDENCE (Wh	ere deceased live	ed. If institute	on Resident	ce before adr	niss on)
Montgome			MA	RYLAND	Tenne	essee		b. COUNTY			V
B CITY OF TOWN	(If outside corporate lim	ils, write	E. LENGTH OF STA	AY IN 1b	c. CITY OR	TOWN (If o	utside corporate	limits, write R	URAL ond g	jive nearest to	own)
Bethesda			68 days		Knoxy					791	'san
d NAME OF HOS	PITAL (If not in hospital,	give street o	ddress)		d. STREET	ADDRESS					RESIDENCE
	ical Center	Beth	nesda 14.	Md.	3714	Hampt	on Avenu	le.			NO D
3. NAME OF DECEASED	Fi	rst	Mide	dle	la		4. DATE	Mon	ith	Day	Yeor
(Type or print)	E	arl	Harr	ison	Ree	ed	OF DEATH	May	r	19	1960
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MAR	RIED   B	DATE OF BIRT	Н	9. /	GE (In years	IF UNDER	I YEAR IF UT	
hale	White	WIDOWE	DIVOR	CED 🗍	Novembe	r 75.	1913	LLO yes	Months	Days Hou	rs Min.
Og. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b I	CIND OF BUSINESS	OR INDUST	RY 11 BIRTHP	LACE (State	or foreign countr		12 CITI	ZEN OF WH	AT COUNTRY
Carpente	orking life, even it retired		nascertai	nable	Ter	nesse	ria .			U.S.	٨
13. FATHER'S NAME			10001001	110,010	14 MOTHER'S					U. U.	Tr. e
Marcus	Lafavette Re	had			Post	More	Poller				
Marcus Lafayette Reed Rosa May Talley  5 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address  (14 Mar. no. of Juntoport)   1/1 May give you of dotal of service)   16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address											
(Yes. no, or veknowe)	No (14 yes, give wor or dots of service) 413-05-1144 The Clinical Center, Bethesda 14,										,
	EATH (Enter only one co			1 1 T UE	CTITUIC	al ce	nver Be	unesaa	<u> </u>	Maryla	
	EATH WAS CAUSED BY									ONSET AT	
• ;	IMMEDIATE CAUSE (	) Cai	rdiac arr	est		<u>.</u>				immed	liate
× ×	DUE TO		1 00								
Conditions, if		) Maj	Lignant 1	ymphon	a with	wides	pread in	nvolver	nent	2 1/	2 year
gave rise to immediate couse (o), stoling the <u>under</u>											
lying cause las	— · · · · · · · · · · · · · · · · · · ·	:}									
	THER SIGNIFICANT CON			DEATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY FORMED?
3 Cu	taneous lym	phangi	tis								NO 🗌
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY	OCCURRED	(Enter nature o	of injury in P	art I or Part II o	fitem 18.)			
	JRY Month, Day, Ye		JURY OCCURRED	20e. PLAC	E OF INJURY	Home, form,	20f (City or I	own)	(C	ounty)	(Stote)
Hour g, m	140	While at work	Not while	TOCTO	ery, street, offic	a pidg., eic.)					
	21. I certify that I attended the deceased from Narch 12, 1960, to Nav 19, 1960, that I last saw the deceased										
Quae qu-177	alive on May 19, 19,60, and that death accurred at 1:30 AM, from the causes and an the date stated above										
ACTUAL /	ADDRESS (Street, city or lown, store)  DATE SIGN										
SIGNATURE	signature 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1									00	
PHYSICIAN'S	terance V Point He Olifeld Dulle Dalle										
				~		sda_1/					
REMOVAL (Specifical)	ION, 22b DATE THEREC	i	22c. NAME OF CE				228 LOCATION			4.	late)
			Oak Hill				Freder:				
23 FUNERAL DIRECTO	atley funera	al Hom	ie . 1500 W	Brad	dock Rd	24a. REC'D	BY REGISTRAR		STRAR'S SIG		
V. S.	veply.		Alexand	iria.	Va.	DATE MA	Y 23 '60	(C)	thun S.	Through	

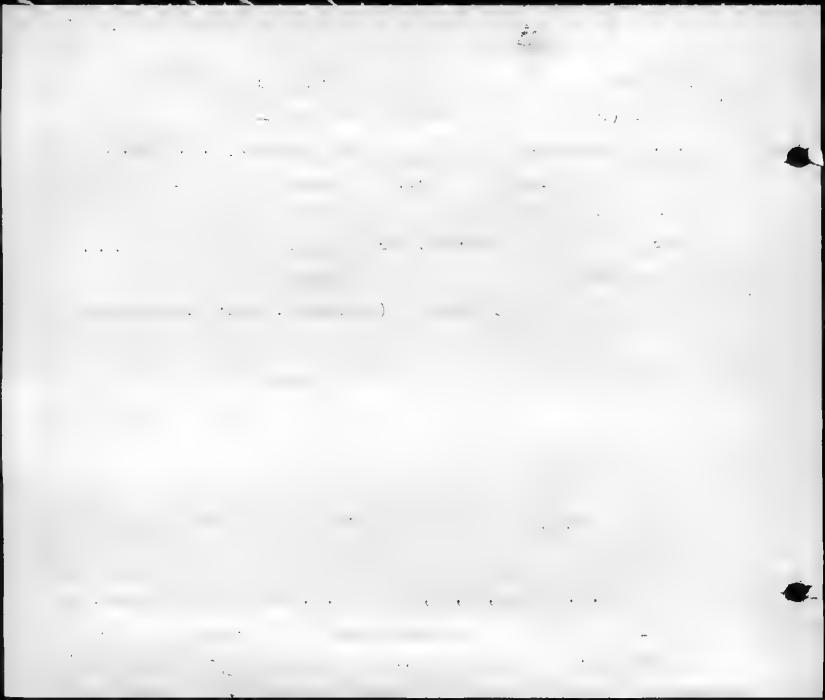


VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 6048

MARYLAND    STATE OF COUNTY   COUNTY   County	1 100	ACE OF DEATH					- HELLAL BECIDENCE	0471			D - 14	h - 6	-111
BURL ord give present loven) Bethesda (Rural)  3 NAME OF HOSPITAL (if not in hospital)  3 NAME OF HOSPITAL (if not in hospital)  4 NAME OF HOSPITAL (if not in hospital)  5 NAME OF HOSPITAL (if not in hospital)  5 NAME OF HOSPITAL (if not in hospital)  5 NAME OF HOSPITAL (if not in hospital)  6 STEET ADDRESS  9 AD 3 Other Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name OF Hospital  10 Name Of H	_0.	COUNTY	-		MAR		District	of Colu	mbia b. CC		n: Kesidence	before od	missionj
Bethesda (Rural)  3 HAME OF HOSTIAL (If not in hospitol, give street oddras)  4. STEET ADDRESS  4. STEET ADDRESS  5. S. Apt. 4. YES   MOST A FARMY  VIS   MOST AND A FARMY  VIS   MOST AND A FARMY  VIS   MOST A FARMY  VIS   MOST AND A FARMY  VIS	b.			ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside con	parole limits	write RU	RAL and gi	ve neorest t	town)
U. S. ARVAL HOSPITAL  3. NAME OF DECASED (Type of prind)  S. ERVAN GOT BUSINESS OR NOUSERY II. BETHER LEGIT OF A COLOR OR RACE   7. MARRIED   MYPER MARRIED   8. DATE DEATH MONTH DOTY YEAR OF COLOR OR RACE   7. MARRIED   MYPER MARRIED   8. DATE DEATH MONTH DOTY YEAR OF SHITH   10. U.S.A. O. COLOR OR RACE   7. MARRIED   MYPER MARRIED   8. DATE OF BIRTH   9. ACE (In year)   (In U. DATE THAN IT IN D	/ Be				22 days		Washingto	n 📰				47X	1 2
3. NAME OF FIRST   Middle   Cast	) d	NAME OF HOSPITA	AL (If not in hospital, g	jive street o	ddress)		d. STREET ADDRES	S					
SEX   C. COLOR OR RACE   NAMERIED   NEVER MARRIED   S. DATE OF BIRTH   P. AGE (In year) If FUNDER IYEAR IF UNDER 22 HIS INDIVIDUAL OF BUSINESS OR INDUSTRY 11. BIRTHFUCK (Stote or foreign country)   12 CHIZEN OF WHAT COUNTRY OCCURED (Stote or foreign country)   12 CHIZEN OF WHAT COUNTRY OCCURED (Stote or foreign country)   12 CHIZEN OF WHAT COUNTRY OCCURED (Stote or foreign country)   12 CHIZEN OF WHAT COUNTRY OCCURED (Stote or foreign country)   13 CHIZEN OF WHAT COUNTRY OCCURED (Stote or foreign country)   14 CHIZEN OF WHAT COUNTRY OCCURED (Stote or foreign country)   15 CHIZEN OF WHAT COUNTRY OCCURED (Stote or foreign country)   12 CHIZEN OF WHAT COUNTRY OCCURED (Stote or foreign country)   12 CHIZEN OF WHAT COUNTRY OCCURED (Stote or foreign country)   13 CHIZEN OF WHAT COUNTRY OCCURED (Stote or foreign country)   14 CHIZEN OCCURED (Stote or foreign country)   15 CHIZEN OCCURED (Stote or foreign country)   12 CHIZEN OCCURED (Stote or foreign count	J.	S. Naval	. Hospital				3063 30th	Street	, S. E		Apt.		
Type or pinel   Type or pine	3. N/	AME OF ECEASED	Fir	st	Middle	3	Last	4. DATE		Month		Day	Year
Top   State   Caucasian   Widowed   Divorced   12-25-09   Sot bridgery   North   Doys   Mours   Min   Doys	(Υ)	ype or print)	Yet	ta	Gord	on	RELACH						
Dob. USLAL OCCUPAT ON (CIVE with ord work with of who who will not be a series of country)   12 CITIZEN OF WHAT COUNTRY)   12 CITIZEN OF WHAT COUNTRY)   12 CITIZEN OF WHAT COUNTRY)   12 CITIZEN OF WHAT COUNTRY)   12 CITIZEN OF WHAT COUNTRY)   12 CITIZEN OF WHAT COUNTRY)   13 FATHER'S NAME   14 MOTHER'S MAIDEN NAME   14 MOTHER'S MAIDEN NAME   15 MAD DECEASE OF DEATH   16 MOTHER'S MAIDEN NAME   17 MOTHER'S MAIDEN NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MAIDEN NAME   18 MOTHER'S MAIDEN NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER'S MOTHER NAME   18 MOTHER NAME   1	S SE	Х	6. COLOR OR RACE	7. MARRI	ED 🗌 NEVER MARRI	ED 🔲 8.	DATE OF BIRTH		9. AGE (In	years			
Clerk Solomon GORDON  Solomon	Fe	emale	Caucasian	WIDOWE	D IVORCE	D 🔲	12-25-09				MOHIUZ   E	Pays Pro	Urs Min
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME	10a. i	USUAL OCCUPAT O	N (Give kind of work o	done 10b. I	KIND OF BUSINESS C	OR INDUSTR	Y 11. BIRTHPLACE (S	itale or foreign	country)		12 CITIZ	EN OF WH	AT COUNTRY?
SOLOMON GORDON  15. WAS DECEASED EVER IN U. S. ASMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  NO  16. CAUSE OF DEATH [Enter only one couse par line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Conditions (f ony, which gove rise to immediate out to immediate couse (o), stoling the under lying couse last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMACE? YES IN NO DECEASED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMENT AND THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS			ng mo, vion a remed		partment :	Store	Polan	d.			U.	S.A.	
S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16 SOCIAL SECURITY NO.   17. INFORMANT   Address   16 year of the date of version   578-07-1903   (S) Richard S. Relach, same as #2 above   INTERVAL BETWEEN   ONSET AND DEATH   ONS	13, F/	ATHER'S NAME					14. MOTHER'S MAID	EN NAME					
Type   The part   County   Type   T	)  s	Solomon GO	RDON				Unknown						
18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   19. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   19. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   19. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   19. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)   200. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).]   200. CAUSE OF DEATH [Enter only one couse par line for (a), (c), and part I or Port II of item 18.]   200. CAUSE OF DEATH [Enter only one couse par line for (a), and by while only work of work of one couse par line for (a), and by while only work of one couse par line for (a), and by while only work of one couse par line for (a), and by work of line for couse partless of the couse and on the date stated above partless of the deceased dive and partless of the deceased dive and partless of the deceased dive and partless of the deceased dive and partless of the deceased dive and partless of the deceased dive and partless of the deceased dive and partless of the deceased dive and partless of the deceased dive and partless of the deceased dive and partless of the deceased dive and partless of the deceased dive and partless of the deceased dive an	15. W				SOCIAL SECURITY NO	). 17, INFO	DRMANT			Addre	\$\$		
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO  Conditions if only, which gove rise to immediate  DUE TO  Conditions if only, which gove rise to immediate  DUE TO  Conditions of only, which gove rise to immediate  DUE TO  (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTORSY PERFORMED? YES 200. ACCIDENT WAS UNDERLYING DO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTORSY PERFORMED? YES 200. ACCIDENT WAS UNDERLYING DO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTORSY PERFORMED? YES 200. ACCIDENT WAS UNDERLYING DO COURRED (Enter noture of injury in Part I or Part II of item 18.)  200. ACCIDENT WAS UNDERLYING DO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTORSY PERFORMED? YES 200. ACCIDENT WAS UNDERLYING DO COURRED (Enter noture of injury in Part I or Part II of item 18.)  200. ACCIDENT WAS UNDERLYING DO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTORSY PERFORMED? YES 210. NO DO CONTRIBUTION DO COURRED (Enter noture of injury in Part I or Part II of item 18.)  200. ACCIDENT WAS UNDERLYING DO COURRED (Enter noture of injury in Part I or Part II of item 18.)  200. TIME OF INJURY Month, Day, Year 18 Not while of work of or work of work of or work of injury in Part I or Part II of item 18.)  21 I certify that (II) (Exchanged) attended the deceased fram. APT11 26 , 12 60, 1a May 18 , 1500, that (II) (We) last saw the deceased alive on May 18 , 1960, and that death accurred at TP. M, fram the causes and on the date stated above 22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d			Type gra not or cores or i	57	8-07-1903	(S)	Richard	S. Rela	ch, sa	ne a	5 #2	above	
DUE TO  Conditions if ony, which gove rise to immediate couse (o), stoling the under lying cause last.  Parr II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO DOWN THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO DOWN THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO DOWN THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO DOWN THE SIGNIFICANT WAS UNDERSTORMED. 20s. ACCIDENT WAS UNDERSTRING. CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO DOWN TO THE SIGNIFICANT OF THE SIGNIFICANT	1	B. CAUSE OF DEAT	TH [Enter only one co	use per lin	e for (a), (b), and (c)	-]							
DUE TO  Conditions if any, which gove rise to immediate cause (a), staling the under lying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES R NO   20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING C CAUSE OF DEATH (IF Either NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)  20c TIME OF INJURY Month, Day, Year Not while of work of work of work of work of work of work of work of work of the deceased fram. APT 11 26. (City or town) (County) (Stole)  21 I certify that (I) (Interpretated) attended the deceased fram. APT 11 26. (Part Not West 18 1960), that (I) (West 18 1960) and that death accurred at TP. M. from the causes and an the date stated above 22a SIGNATURE  22c. PHYSICIAN'S NAME (Type)  P. S. CALDWELL, LT, MC, USN U. S. NAVAL HOSPITAL, Bethesda, Md.  23d. ADDRESS  25d. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE  24d. ADDRESS  25d. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE		PART I DEAT		16	enerali	ned	Carri	nom	atos	io		Olyse 2	2
DUE TO   Jying cause last.   Co     Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a)   19 WAS AUTOPSY PERFORMED?   YES NO		111	4			0						lon	nontho
DUE TO   Jying cause last.   Co     Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a)   19 WAS ALTOPSY PERFORMED? YES NO     20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II or Par		Conditions if on	v. which )	. A	non ch	man a	Mi Pa		mas s	10	0+1,	I made	-
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED?   YES   No		gove rise to in	mediate DUE TO	.	0010010	1		VACA.	2000	-	77 0	7	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES IN NO DIRECTORY PHYS DIRECTORY PHYS DIRECTOR PHYS DIR		Luina (o), storing the Under-											
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)  20c. CIME OF INJURY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. m.  20c. TIME OF INJURY Month, Day, Year White of work   19 work		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY											
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)  20c. CIME OF INJURY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. m.  20c. TIME OF INJURY Month, Day, Year White of work   19 work	ATK			_								PE	RFORMED?
OR CONTRIBUTING CAUSE OF DEATH    FEITHER, NOTIFY MEDICAL EXAMINER    Continue of Injury Month, Doy, Year 19	E 3	20a. ACCIDENT WAS	UNDERLYING	20b. DESC	RIBE HOW INJURY C	OCCURRED.	(Enter nature of injur	y in Part 1 or P	ort II of item	18.)			
Hour o. m. p. m.  19   While of work   Of work		OR CONTRIBUTING IF EITHER, NOTIFY /	CAUSE OF DEATH										
Hour o. m. p. m.  19   While of work   Of work	₹ 2	Oc TIME OF INJURY	Month, Doy, Yes	or 20d IN	JURY OCCURRED	20e PLAC	E OF INJURY (Home,	form, 20f. (C	ity or town)		(Co	ounty)	(State)
21 I certify that (I) (thick points) attended the deceased fram, April 26, 19 60, to May 18, 1960, that (I) (We) last saw the deceased alive an Nay 18, 1960, and that death accurred at TP, M, fram the causes and an the date stated above 22a SIGNATURE    Thick	AFDI		19		Not while	focto	ry, street, office bldg.	, etc )					
saw the deceased alive an Nay 18  19 60, and that death accurred at TP M, from the causes and an the date stated above  22a SIGNATURE  ATTENDING  M.D. PHYS  PHYS  PHYS  PHYS  PHYS  PHYS  PHYS  PHYS  PHYS  PHYS  PHYS  PHYS  PHYS  PHYS  PHYS  PHYS  PHYS  122b DATE SIGNED  5-19-60  22d. ADDRESS  PHYS			/D /45-5-5			c A	nril 26	10 60	Mosz	A	160	Ale . A Z	12 (55) 1 -
220. SIGNATURE  ### ATTENDING MED. STAFF SIGNED  221. PHYSICIAN'S NAME (Type)  ### ATTENDING MED. STAFF SIGNED  5-19-60  222. PHYSICIAN'S NAME (Type)  ### BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY  ### BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY  ### BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY  ### BURIAL (Spec fy) 5+23-69  ### APPLIED NG MED. STAFF SIGNED  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City, town, or county) (State)  ### BURIAL CREMATION 236 DATE THEREOF SIGNATURE  23d. LOCATION (City, town, or county) (State)  ### BURIAL CREMATION 236 DATE THEREOF SIGNATURE  23d. LOCATION (City, town, or county) (State)  ### BURIAL CREMATION 236 DATE THEREOF SIGNATURE  23d. ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE		the decree	May	18									
22c. PHYSICIAN'S NAME (Type)  F. S. CALDWELL, LT, MC, USN  23d. ADDRESS  23d. ADDRESS  23d. ADDRESS  23d. ADDRESS  23d. LOCATION (City, town, or county)  23d. LOCATION (City, town, or county)  23d. LOCATION (City, town, or county)  23d. APLINGTON National  24d. LOCATION (City, town, or county)  24d. LOCATION (City, town, or county)  25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			ed alive on		19_00 , and	that de	oth accurred at J	L#_ M, fran	n the caus	es and	an the	date sta	
22c. PHYSICIAN'S NAME (Type)  F. S. CALDWELL, LT, MC, USN  U. S. Haval Hospital, Bethesda, Md.  230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY BUT1al  24. CALDWELL, LT, MC, USN  U. S. Haval Hospital, Bethesda, Md.  23d LOCATION (City, town, or county) (Store)  Arlington National  24. CALDWELL, LT, MC, USN  250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE  250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE			FIF 16	D. d	00				STAFF	_		-	SIGNED
NAME (Type) F. S. CALDWELL, LT, MC, USN  U. S. Naval Hospital, Bethesda, Md.  230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BUTIAL (Spec fy) 5+23-69  Arlington National 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE	1 7	22c. PHYSICIAN'S	1 1 com	z no	X.F.	M	L <sub>a</sub> men,	DIRECTOR L	PHTS				19-60
230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY  BUTIAL (Spec fy) 5+23-69 Arlington National Arlington Virginia  24. For the presence of the property		NAME (Type)	F. S. CALD	WELL,	LT. MC. U	JSN		aval H	ospital	L. B	ethes	da. M	d.
Burial Spec by 5+23-69 Arlington National Arlington Virginia  24. Popular Specific S	<b>2</b> 3o	BURIAL CREMATION	1 23b DATE THEREC	)F	23c NAME OF CEM	ETERY OR							
24. PO FAI DIRECTOR SHE LOTAL ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	В	urial (Spec fy)	5+23-69		Arlingto	n Nat	ional		_				
Privile R. Company of the second seco		A-1/2						to the same of					
Danzansky Funeral Home, 3501 14th St., NW, WashDCDATE MAY 20'60 Chilles & Home	24,5	HE RECTORS	SIGNICURE IN ALT	nd	ADDRESS		2So.	REC'D BY REGI	STRAR 2Sb	REGIST			



TO HOSPIT

YS ATS (4) ISM 9/55

M

05999

916	CERTIFICATE	OF DEA

5 TH

Rea. Dist. No.

1	1. PLACE OF DEATH  o. COUNTY  MARYLAND  2	USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)  o. STATE  b. COUNTY (A)
	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town)  A ROMAN AND AND 11 Months	c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 7100 Sycamore are	7 d. STREET ADDRESS 7/00 Dylamor and yes No No.
	3. NAME OF DECEASED (Type or print)  Leng Middle	chardson DEATH 1 Month Day Year 1960
	S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. 8. WIDOWED DIVORCED DIVORCED	DATE OF BIRTH  9. AGE (In years of UNDER & YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
	10a. USUAL OCCUPATION IG. ve kind of work done 10b. KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)  (1.5.460-	11 BINTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME J. Richardown	14. MOTHER'S MALDEN NAME Tannie Wortham
		ormant Address Wash.D.C. y G.Richardson1731 N.H.Ave., N.W.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which)  (b)  (c)  Conditions, if ony, which)	Paremonia Interval Between ONSET AND DEATH 3 charps
	gove rise to Immediate cots (o), stating the under- lying cause last.  DUE TO  (c)  (c)	n. al Hermphlenia. 9 who
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 19
	20g ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. ( OR CONTRIBUTING   CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while foctor p. m. 19 of work of work	OF INJURY (Home, farm, 20f. (City or town) (County) (State) y, street, office-bldg., etc.)
	21. I certify that I attended the deceased fram 7/2/and that death o	coursed at 5 M/from the causes and on the date stated above.  APPRESS (Street, city or fown, state)
	SIGNATURE STOWARD ( )2 word M.	2030 Carroll ave 5/9/60
	PHYSICIAN'S Howard I Mouse	Takeema Park Ma
i	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C Glenwood, Cer	netery Washington, D.C.
	23. FLY STATURE SONATURE SONAT	24b. REGISTRAR'S SIGNATURE  AND DATE MAY 1 2 '60 CIRCLING & FLORIS

(Stote)



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

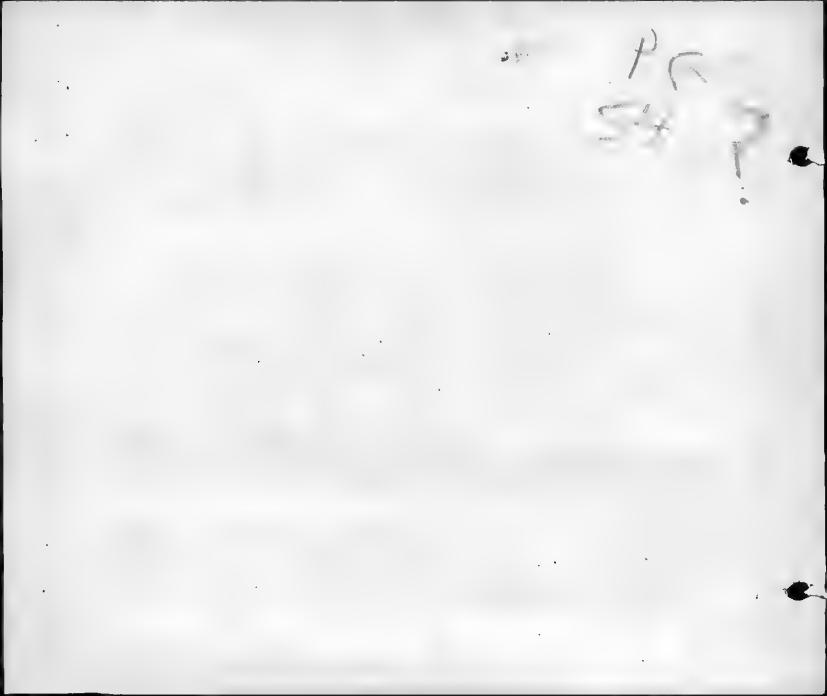
66nna

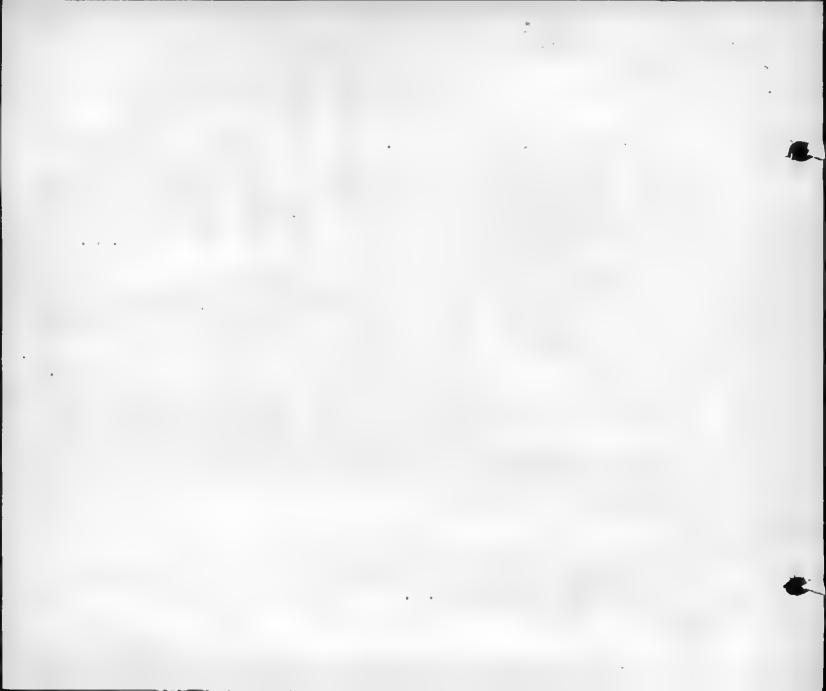
10	5917	0001
M )	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased liv	ed If institution: Residence before admission)
	a. COUNTY and tarmery MARYLAND STATE Many land	6. COUNTY A Day Starting on 1
	b. C TY OR TOWN (If outside tarparote limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate	Imits, write RURAL and give hearest tawn)
	Takona lark 20 days Takona +	ark 1' til
7 100	d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE
1	Washington Sen + Hosp. 7222 Flower	ON A FARM? YES NO DA
	3. NAME OF DECEASED A First Middle Last 4 DATE OF	Manth Day Year
	(Type or print) Cora More Nobertson DEATH	5 10 1960
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9.	AGE (In years   IF UNDER TYEAR IF UNDER 24 HRS opt birthday)   Months   Days   Hours   Min.
	Fe WIDOWED & DIVORCED 10-23-77	os birthday) Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign count during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
	Housewife New Yorl	usa
	13 FATHER'S NAME	·
-	George Halsey Ulvira Fre	eman
T	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
1	No Hospital Nec	ords
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Me he regarded (11) 13 Cm - The later of the me is	TEN ONSET AND DEATH
	153 & DUE TO Peritorities and abricans -1	777 6 5
	Canditions, if any, which) with the Characters l'etently section by Williams	116 . 8 . 3
	gave rise to immediate couse (a), stating the under DUE TO / W-Lih a .4.2.	
	lying cause last.	
	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	OND.TION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
P2	CAL	YES A NO
4.	200 ACCIDENT WAS LINDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part III	of item 18)
-	OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c T ME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f (City or	tawn) (Caunty) (State)
	Advisor a.m. While Not while factory, street, affice bldg., etc.)	
	1/2:	
		19 - , that (I) (we) last
	saw the deceased alive an 2/22 , and that death accurred of M, from the	causes and an the date stated above. 22b DATE
	ATTENDING MED	STAFF SIGNED
ğ.	22c, PHYS, CIAN'S 22d ADDRESS	PHYS 🗆
	NAME (Type) 11 Hand Inch	
	DEATI HITAKE ING	
	230. BUR.AL (CREMATION) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	(Gity, tawn, or county) (State)
	11 May 60 Lees Crema Jacef Wass	1. 0,0.
	24 FWNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REG STRAR	
	Deather 1 2 60	Clathun & Harres

may be recained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete y filled in by the funera director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with s ofter death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSIII VR A15 (4) 1SM 9/59





VS A15 (4) 15M 9/5B 1

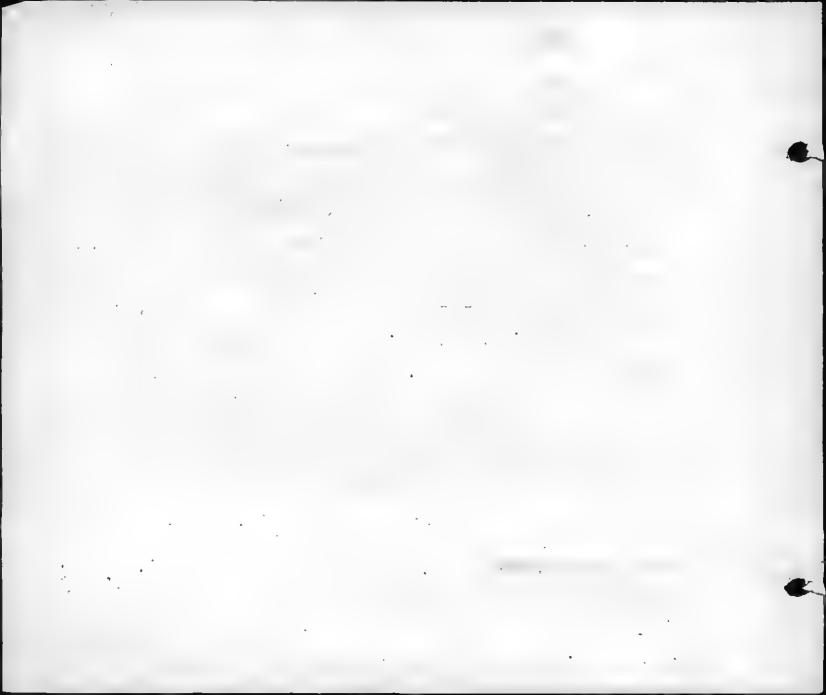
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6051 CERTIFICATE OF DEATH

06003

06003 Reg Dist. No.

PLACE OF DEATH     a. COUNTY	Want manage		MARYLA	ND.	2. USUAL RESIDENCE (*) o. STATE D. C.	Where decease	ed lived If institut b. COUNTY		: before adr	niss an)
b. CITY OR TOWN (I	Montgomery outside corporate limit	its, write	c. LENGTH OF STAY IN	l 16	c. CITY OR TOWN (I	f autside carp	orate limits, write I	tURAL and gir	ve nearest to	own)
RURAL and give he	Bethesda		27 days		Washingto	on		41	7	3
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	gddress)		d STREET ADDRESS					RESIDENCE
OR INSTITUTION	Subu	rban	Hospital		5323 42nd	Place	N.W.			NO TO
3 NAME OF DECEASED (Type or print)	Fir		Middle		Last	4. DATE OF DEATH	Mai	sth	Day	Year
	Pear		C		Rowe	DEAT	May	1540,000	8	1960
5. SEX	6. COLOR OR RACE		RIED ANEVER MARRIED	_	B. DATE OF BIRTH	1899	9 AGE (In years last birthday)	Manths D	Days Hau	VDER 24 HRS
Female	White	WIDOWI			February 7,	LP/PPL	70 yrs.			
during most of wark	N (Give kind at wark ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Sto	ate or foreign	cauntry)	12. CITIZE	EN OF WHA	T COUNTRY?
Homem	aker				North	Dakota	a.	u	S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	N NAME			2	
John H	atch				Lvdia	John:	son			
15. WAS DECEASED EVE	IN L. S. ARMED FOR		SOCIAL SECURITY NO.	- 18	NFORMANT			íress		
1	if yes, give wor or detes of s	5	79-111-8832	Cl	Husbai arence J. Ro			As abov	ve	
IR CAUSE OF DEA	TH [Enlar colv one co	usa Inar lii	ne for (a), (b), and (c).]		2		-		LINTERVAL	BETWEEN
	TH WAS CAUSED BY:	Karlan .				1 1 2			ONSET A	ND DEATH
	IMMEDIATE CAUSE (a) I COLUMN TO THE VETTING TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOT									
	DUE TO									
Canditions if a		1 /5	カフナイノン	シレベ	2-14-	or de	- 2 ELECK	tag	712	a ster
gave rise to it cause (a), stating		<b>)</b>	d'			1			1	IL Edino
lying cause last.	) (0	)				41	me the contract			*
PART II OTH	ER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TER	RMINAL D SEA	SE CONDITION GI	VEN IN PART	PEI	AS AUTOPSY REORMED?
OR CONTRIBUTING	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URREC	Enter nature of injury	in Part I ar Pa	irt I of item 18.)			
Y 20c, TIME OF .NJUR Hour a. m. p. m.	Manth, Day, Ye	While			CE OF INJURY (Hame, fortary, street, affice bldg.,		ty ar tawn)	(Co	sunity)	(State)
21. I certify th	at Lattended the	deceas	ed from Jime	2	1955 to	17664	1) 1960	that I las	t saw the	deceased
alive an	7 7 1611 F	7 10			accurred at La A					
dive di			uzez, gira mai u	eam	occorred differs	ADDRESS (	Street ,city or town	state)		DATE SIGNED
ACTUAL	Thehex	1/1/	TZalit		ilant	str	( time?			w/:1
SIGNATURE	dichae W. He	eally.	<del></del>	/	M.D. Cocagolis	410-1		Michigan	Nonal)	45/62
PHYSICIAN'S NAME (Type)								/	1 - 1 (ck.	
220. BUR AL, CREMATIO		*	22c NAME OF CEMET	ERY O	R CREMATORY	22d. LOC/	ATION (City, town,	or county)	7-0 "	Stote)
SCHOVAL (Specify)	5/10/	60	Cudar	-/	file Com		lulla	200	2	mai
23 FUNERAL DIRECTOR	SIGNATURE 1	,	ADDRESS		24a. Ri	EC'D BY REGI	TRAD 24b. REG	STRAR'S SIGN	NATORELA	
James	C Belt		5/03 win	0	w Ull DATE	write 1 t				



e. IS RESIDENCE

Haurs

INTERVAL BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

W.S.A.

ON A FARM?

YES NO.

Yeor

v60h4

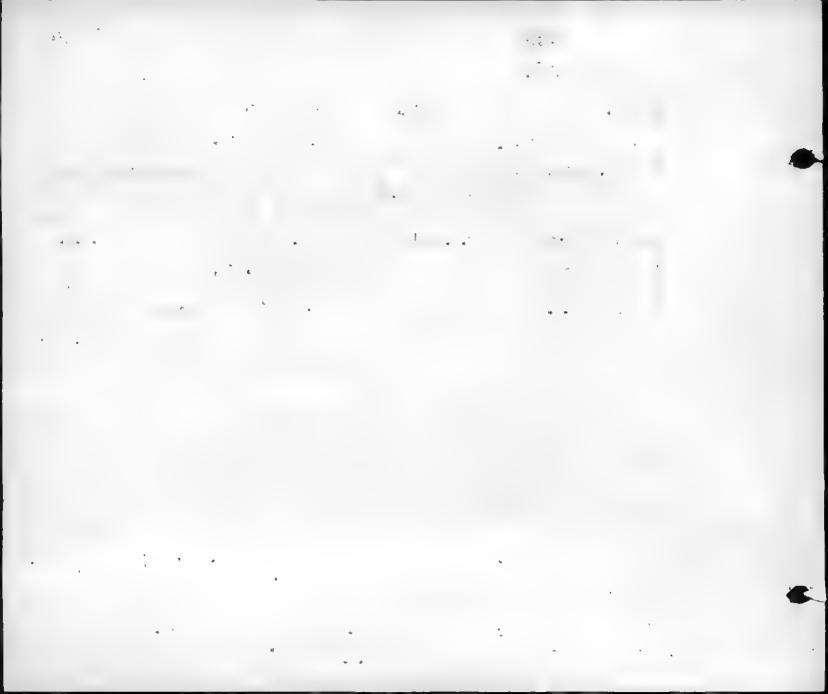
Day

Days

YES NO (County) (Stote) 1900, that I last saw the deceased \_M, from the couses and on the date stated above. 22d LOCATION (City lown, or county) Arlington Natl. Com Arl Va. **ADDRESS** -24b, REGISTRAR'S SIGNATURE 5732 GEORGIA 24 VICO BY REGISTRAR DATE MAY 1 7 '60 Cirllian & House

0 VS A15 (4) 1SM 9/5B

23\_ FUNERAL DIRECTOR'S SIGNATURE



66005

6053

#### **CERTIFICATE OF DEATH**

Rea. Dist. No.

<u> </u>	nog. vier.
1. PLACE OF DEATH O COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY M ontgomery
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bethesda 8 Hrs.  d NAME OF HOSPITA. (If not in hospitat, give street oddress)	d. STREET ADDRESS e. IS RESIDEN
OR INSTITUTION Suburban Hospital	5104 White Flint Dr. ON A FARN
3 NAME OF First Middle (Type or print) Clifford Wearren St	hanbarker JATE May 18 Day Yeor
S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)	DUSTRY 11 BIRTHP ACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN
Retired Telephone M	Da Mario da
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Hattie Hart
Shanbarker  5. WAS DECEASED EVERAND S. ARMED FORCES? 16 SOCIAL SECURITY NO	INFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	Richard W. Shanbarker-son-same 2d
gove rise to immediate couse (a), stating the under- lying cause last.  DUE TO  (c)	CORONARY SHOUR SHOULD BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	PERFORMED YES NO RED (Enter nature of injury in Port 1 or Port 11 of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e.	PLACE OF .NJURY (Home, form,   20f (City or town) (County) (S factory, street, office bldg , etc.)
21. I certify that I attended the deceased from 5:17	, 1960, to 5:18- , 1960, that I last saw the deced
alive an 5.18.60, 19 , and that dea	ath accurred at 2,35 PM, from the causes and an the date stated ab ADDRESS (Street, city or lown, state) DATE SIG
SIGNATURE Philip R. James	_MO Waramyte Clime, D.C. 5/18
PHYSICIAN'S Philip R. James	
20. BURIA., CREMATION, 225. DATE THEREOF 22. NAME OF CEMETERY BUR-Transit 5/21/60 East Lawn	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, M	laryland DATEMAY 23'60 Chillian & Kinns

urs after death. Page 4 and completely filled in by the funeral director, bon papers. Pages 1 and 2 should be filed with TO HOSPILE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remaye conforting pages 1 the registror prior to burial, cremation, or removal, and in any event within 72 haurs after death VS A1S (4) 1SM 9/SB

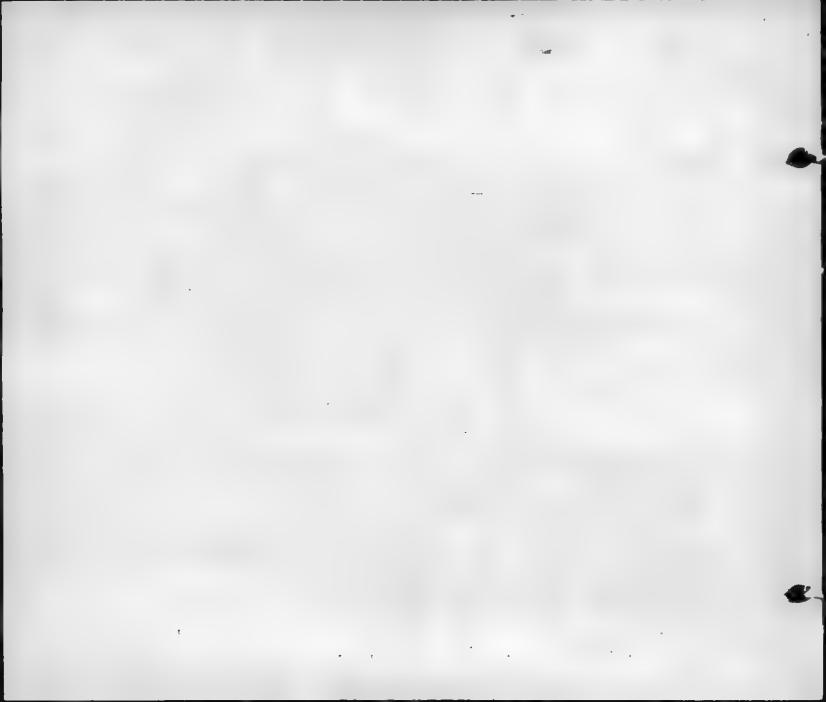


8 should .≘ filled puo carbon after de ģ peen 80 DIRECT should FUNERAL m 0 VS A15 (4)

15M 9/55

director, ited with

filed



4	Ä	=/	PR /	1
Page	irecto	ed w	IV	
TO HOSE TO R ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 Notes after death Page 4	may be retained by the haspital ar attending physician.  **TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 22 bours after death.	\ \	
1	-Q	and	- 4	a
within 24	tely filled	Pages 1		***
executed	nd comple	on papers.	(	1
tificate be	shysician a	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon paper the registrar ariar to burial, cremation, or removal, and in any event within 72 hours after death.	700	
death cer	attending p	please re within 72		
s that the	d by the c	nit. Then		
w require	iician. een signe	consit peri		
N. The la	iding physicate has b	e burial-tr		
PHYSICIA	may be retained by the haspital or attending physician.  D FUNERAL DIRECTOR: After this certificate has been 3:9	use as th		
ENDING	the haspite R: After t	burial, cre		
OR ATT	ined by I	orior to		
IOSE I	y be reto	ge 3 shar	i i	
10 H	TO F	Pod		

PLACE OF DEATH a COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTYONES					
b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Konsington	c CITY OR TOWN (If ausside corporate limits, write RURAL and give nearest tawn)  Kensington					
d. NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION 10717 Shaftbury Street.,	/ d. STREET ADDRESS 10717 Shaftbury Street.,  **BESIDENCE ON A FARM? YES **NO IX					
3. NAME OF DECEASED (Type or print) SIM DSON, Isabe	First A. DATE Month Day Year DEATH Mas 28 19960					
	8. DATE OF 8IRTH  May 15, 1876  9 AGE (In years of FUNDER 1 YEAR FUNDER 24 HRS lost birthday) 84 yrs.  Months Days Haurs Min					
10c. USLAI OCCUPATION (Give k nd of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Housekeeper	STRY 11. 8IRTHPLACE (State or foreign country)  Maryland  U. S. A.					
13. FATHER'S NAME Rinalda Simpson	14. MOTHER'S MAIDEN NAME Rachel Snowden					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	Virgie Walker 10717 Shaftbury St., Kensington, Mi.					
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	ive Aeart Failune Interval Between onset and Death					
Candilians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) Jryfe VIOSC DUE TO	lerotic Heart Disease 6					
PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO					
PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR  200 ACC DENT WAS UNDERLYING  200 CONTRIBUTING CAUSE OF DEATH COR CONTRIBUTING CAUSE OF DEATH USE OF CONTRIBUTION CAUSE						
	ACE OF INJURY (Hame, farm, 20f (City ar tawn) (Caunty) (State)					
21. I certify that I attended the deceased from March, 19 60, 19 Present, 19 that I last saw the deceased						
actual signature dense that death	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.  ADDRESS (Street, city or town, state)					
PHYSICIAN'S GEORGE Shirpe	Kensington Md					
220 BURIAL CREMATION, 226 DATE HEREOF Brooke Gro	R CREMATORY  22d. LOCATION (City, town, or county)  Laytonsville, Md. (State)					
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					

Turner I

the feet

VS A15C 1-55 10M

INSTRUCTIONS

Affer this y of this

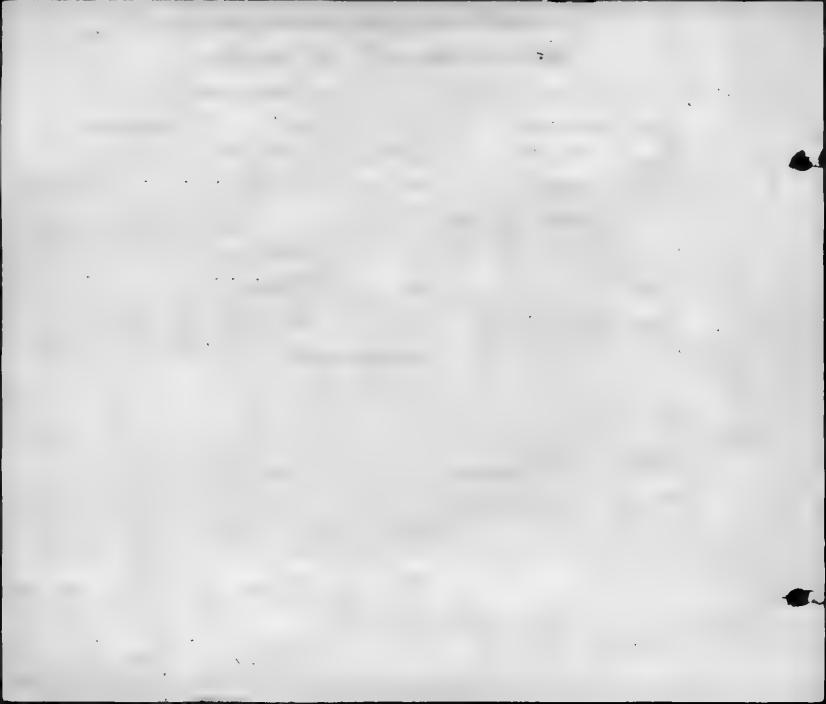
वं caby

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06007

#### CERTIFICATE OF DEATH 5055

	Reg. Dist. No	*** *		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY	STATE D.C COUNTY			
COUNTY MARYLAND  CITY (II outside cuipotable finally, water RURAL   LENGTH OF STAY	STATE COUNTY  CITY (It outside corporate limits, write RURAL and give nearest town)			
OR end give nearest town) (in this piece)	OR			
Bethesda 245nrs.	Town Washington 4,			
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS			
STREET ADDRESS Suburban	3722 T. St. N.W.			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) Frank Alovsius Smith	DEATH May 16 6	60		
(1) Frank Aloysius Smith  5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE O	19	HPS		
RACE WIDOWED, DIVORCED,	Martha Dave Mayor Lat	lin.		
Male White (Specify) M arried	12/9/00 59 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stells or foreign country) 12. CITIZEN OF WHAT			
refired) Clerk	Washington, D.C. COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_		
	Mary Conley			
William F. Smith  13. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.				
() as, no, or unk.) (If Yas, give war or dates of service)				
Yes Navy	Wife (Mrs. Bessie Smith)			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
Musere		~		
AMMEDIATE CAUSE (A)	moren, Cancello Com			
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION	do allyaneva			
196. DATE OF OPERATION 19D. MAJOR FINDINGS OF OPERATION	20, AUTOPSY? YES TO NO	7		
21e. ACCIDENT WAS UNDERLYING     21b. PLACE (Home, farm, factory,   2	Pic. WHERE DID INJURY OCCUR? (City or fown) (County) (State)	<u></u>		
OR CONTRIBUTING [ CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(==, , , , , , , , , , , , , , , , , , ,			
214 THE OF BUILDY (Leach) (Park Ward March 21 Building Occupies 1	21f. HOW DID INJURY OCCUR?	_		
While Not while A lat work				
	1047 . May 16 1060 hills	_		
22. I hereby certify that I attended the deceased from	19.2. Inat I last saw the deceas	sed		
	4.041M, from the causes and on the date stated above.			
SIGNATURE /	ADDRESS (Street, city, town, state) DATE SIGNI	ED		
1 d. Tell, Tell, M.D. 1	13000 - GEORGIA AUE S.J.Ma. JA	160		
23. SUR.AL, CASHATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stole)	)		
HOYAL (SPECIFY)   5-19-60   ARLING-TO	ON NATIONAL ARLINGTON, VIRGINI	A		
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE MIAS H. D. ADDRESS	13 8		
MAY 17'60 Chilles L. France	7. 7.			
DATE	174 hand Vuneral Ham 1800/1/ St	113		



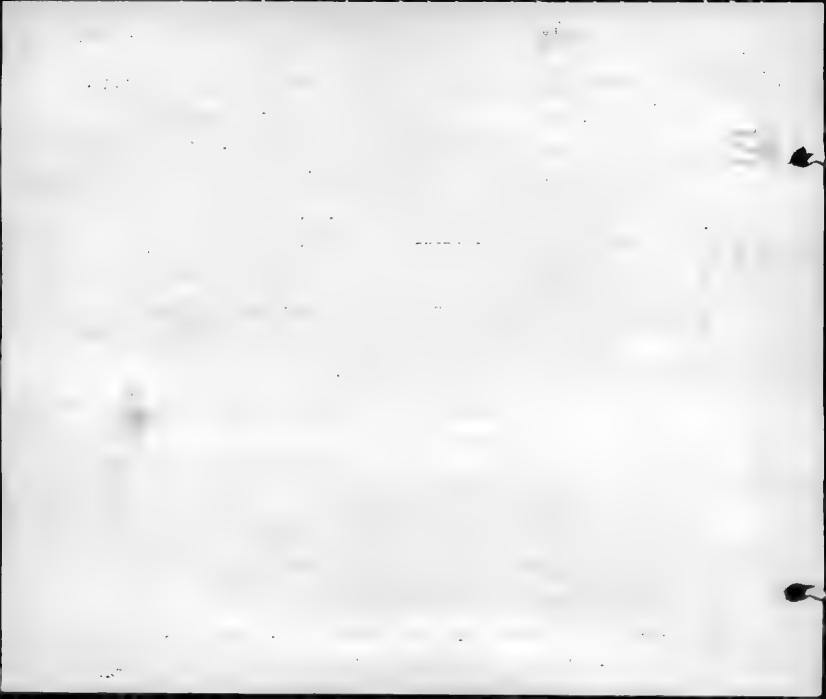
V6008

,		T+one Letting		04 0-0-0	) at		00	
1		PLACE OF DEATH		USUAL RESIDENCE	(Where deceased liv		: Residence befo	are admission)
1		Montgomery	LAND	o. STATE Mar	rvland	b COUNTY	Montgo	ime rv
	1	b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)	IN 16	c. CITY OR TOWN	(If autside carporate	limits, write RUI		
		Glen Echo Heights		58 GL	n Echo I	Reights		
1		d. NAME OF HOSPITAL (If not in Taspital, give street address) OF INSTITUTION OF OF MASSACHUSETTS Avenue		d. STREET ADDRES	S			e. IS RESIDENCE ON A FARM?
1		6106 Massachusetts Avenue		610	06 Mass.	Avenue		YES NO 3
3	3	NAME OF First Middle		Last J	4. DATE OF	# Month	Di	ay Year
		(Type or print) //INERVA		Smith	DEATH	1724	21	1960
	5 5	The state of the s		DATE OF BIRTH	9		FUNDER 1 YEAF Months Days	Hours Min
		WIDOWED DIVORCE		Oct. 6.	1876	83 yrs.	7 15	
11	10a	JUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS C during most of working life, even if retired)	R INDUSTR			ry)		F WHAT COUNTRY?
N		Housewire		India			US	
7	13.	FATHER'S NAME	1	14 MOTHER'S MAID	EN NAME			
7		John Ratliff			* b £	Sarah		f
9	15.   {Yes	WAS DECEASED EVER IN U.S. ARMED FORCES?  1. no. or unknown)  [If yes, give wer or doles of service]		C		Addres	is	
7	-	No 565-30-23	1	yra Mask	-Daughte	r-same	_as_2d	
7		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)	]			- 1	NI	ERVAL BETWEEN
7		PART DEATH WAS CAUSED BY ACUTE	CYT	Vehtru	04/22/	21/420		3 hrs.
-1	٥	DUE TO		1 1	1	1	p=	21.
- 7		Conditions, if any, which gave rise to immediate	OCa	rd12/ >	Infarc.	C104	- 2	nr5
7		cause (a), stating the under-	1.4	/	/ /		1	A.,
	7	lying cause lost. (c) Caran Bry	TH	er1650/	e1-050	,	1/0	year T
2	110	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE T	ERMINAL DISEASE CO	ONDITION GIVE	N IN PART 1(a)	PERFORMED?
1	FICA	20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF	CCURRED	F-A		of them 10 V		YES NO Z
19	CERT	OR CONTRIBUTING C CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	CCOKKED	cuter nature at injur	y in Formi or Formiti	gr item (b)		
13	AL C	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED	20m PLAC	E OF INJURY (Home,	farm , 20f (City ar	lawal	(Caunty)	(State)
12	EDX	Hour o.m. While Not while		y, street, affice bldg.		iown)	(Cdonry)	, (sidie)
2	×	p. m. di waik [] di waik		4 1 40		Maria	, /,	
1		21 I certify that (I) (this haspite) attended the deceased	fram 🎜	10-1-1-1-105/	19.60 ta	19. AX		nat (I) ( <del>we)</del> last
,		saw the deceased alive an	that dec	th occurred at	AM, from the	causes and	an the date	
7		LANALE ABOUT		ATTENDING	MED	TAFF		226. DATE SIGNED
3		22c PHYSICIAN'S	M.1	22d. ADDRESS	DIRECTOR	HYS L		5/21/60
2		NAME (Type) // 10 m O. Blailey Fo	~ M	2015	R St., n.	W. Us	sh., 10	·C,
7.	230	BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEM	ETERY OR C	REMATORY	23d. LOCATION	V (City, town, or	caunty)	(Stote)
_	E	Bur-Fransit 5/26/60 Des Moir	ie Ma	sonic Ce	m. DesM	ioine.	Lowa	
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS			REC'D BY REGISTRAR		RAR'S SIGNATU	
		Robert A. Pumphrey Bethesda	Mar	yland DATE	MAY 24 '60	Und	Churt S. Plan	MACAL

TO HOSPIT. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 4 may be reformed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon pages. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hads after death.

VR A1S (4) 1SM 9/59



66009

	1 0	PLACE OF DEATH	7 184154 SETTEMEN (1845 or description of the state of th
		MONTGC NVERY MARYLAN	a. STATE  Where deceased lived (f institution Residence before admission)  b. COUNTY (V) (V) (V) (7-4)
	Ь	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  XSAWDY SPRING WILL.
3	3. \	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS  ON A FARM?  YES NO
		NAME OF DECEASED (Type or print)  ROBELT E. LEE	SNITH 4. DATE Month Day Year 19 61
	5 5	MI WIDOWED DIVORCED	9-1-94 (ast birthdoy) Months Days Hours Min
į		JUNEAU OCCUPATION (Give kind of work done of the street of work no life, even if retired)	flece VIRGINIA USTI.
	13 1	FATHER'S NAME ST. GEORGE SMITH	TE DIRGIE MCS
		WAS DECEASED EVER IN U. S. ARMED FORCES? s. no, or unknown) [(If yee, give yor or dotes of service)]  (If yee, give yor or dotes of service)	Informant marie & SANDY STRING WILL.
		TB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under:  lying cause lost.  [b]  DUE TO  (c)	CIKCOMA WITH METASIASIS INTERVAL BETWEEN ONSET AND DEATH
	FICATION	PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G.VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  'YES NO
	CERT	20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED (Enter nature of injury in Part 1 or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Not While of work 19 at work 20e	PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Slote foctory, street, office bldg., etc.)
		220. SIGNATURE A.D. Bon Jan. T	m. OC. TOPEC 1951, to MAY 10 1960 that (I) (we) last at death accurred at 7 p. M., from the causes and on the date stated abave.  M.D. PHYS.   MED.   STAFF   SIGNED    22b. DATE   SIGNED    22d. ADDRESS
	200	NAME (Type) A. D. ISONITANT	Minageomery Itrop
	230.	2. BURIAL, CREMATION, 236. DATE THEREOF, 23c NAME OF GEMETER 25/13/60 YOUR COMMENTS	rek. Mashington, DC
	24.	FUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE MAY 16'60 Cultur 2, Thomas
		Was your one	ish. CC

may be resonmed by the haspital or attending physician.

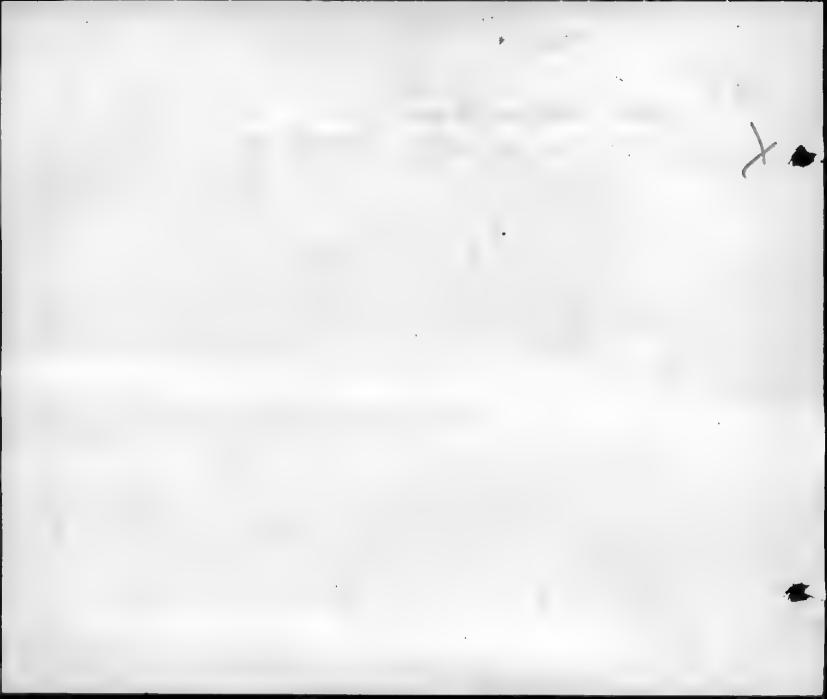
THERPAL DEMICTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detacted for use as the buria, transit permit. Then please remave carban papers. Pages 1 and 2 should be taked with the State Board of Health prior to be mind, mematian, or removal, and in any event, within 72 haurs after death

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPI

VR A1S (4) 1SM 9/59

is after death. Page 4



director, ited with be filed Funeral shauld 20 pup 9 filled nd gamplete an papers. death. and carban ofter physici remove 7 ö permit. gned **burial-transit** ŏ det å prior 3 shauld FUNER Pode MI A15 (4)

15M 9/55

3...

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	1
6058	CERTIFICATE	OF	DEATH	

V6011

8

				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2 USUAL RESIDENCE (Who	ere deceased lived If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside carparate limits, write	c. LENGTH OF STAY IN 16		tside corporate limits, write RU	PAL and give penters town)
RURAL and give nearest town)				KAL ond give nearest town)
Bethesda  d. NAME OF HOSPITAL (If not in haspital, give street ad	4 Hrs.	Arling d. STREET ADDRESS	LOH	e, IS RESIDENCE
OR INSTITUTION _	Hos pit al		e St.	ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE Month	n Day Year
(Type or print)  David	E	Spaulding	DEATH M 83	7 9 19 60
5 SEX 6 COLOR OR RACE 7 MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED	DIVORCED [	9/29/93	(Shirthdoy)	Months Doys Hours Min.
10a. JSUAL OCCUPATION (Give kind of work done 10b KI	IND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State of	ir fareign country)	12 CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)  Rate Analyst	ivil Aeronaut	i c Board Low	rell Mass	U.S.\$
13. FATHER'S NAME	2122,210200000	14. MOTHER'S MAIDEN NA	AME	
Frank Spaulding		Anna I	Lovely	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO.	NFORMANT	Addre	35
(Yes, no, or unknown) [If yes, give war or dates of service)	no	Ulfo Man Min	a_Spaulding_(S	ame as Above)
18. CAUSE OF DEATH   Enter only one cause per line	for (o), (b), and (c).]	**************************************	A Spattering (D)	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	other 1	Margaretine	L. Lay Him	ONSET AND DEATH
DUE TO	Colores Colores	A -	n face con	· Pan
Conditions, if any, which ) the	mul and	Palaria to	2018-1-11-01	Tue Da
gove rise to immed ote	ongosio, 1	oacrea co	the ready and	roly incly
couse (o), stoting the under: DUE TO	1010-1	7. 12:	1	40
, (1)	NITRIBUTING TO DEATH BUT	A OT BELATED TO THE TERMIN	VAL DISEASE CONDITION GIVE	AL INLEAST IV-VIOL WAS ALITOPSY
10 / -	MIKIBUTING TO DEATH BUT	O D . A.	TAL DISEASE CONDITION GIVE	PERFORMED?
200 ACCIDENT MAS LINDES WING TO 200 DECCE	IDE HOW INTERPORTED	D (Enter noture of injury in Po	and the Best D of Stem 18 )	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE HOW INJURY OCCURRE	DE (Enter notione of Injury in re	SIT OF FOIL II SI HERE 18 )	
[ = ]	E a	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
Hour o. m. 19 While of work	Nat while of wark	ciory, sireer, office didg., etc.)	1	
21. I certify that I attended the deceased	from Aby 11	14. 19.59 to N	1000,	hat I last saw the deceased
alive an May 8 . 196	Q, and that death	0 A3		an the date stated above.
			DORESS (Street, city or town, si	
ACTUAL SIGNATURE	to rel	" C-CY( )	Jah Ava	No . 5.94
SIGNATURE		M.D. Caralle California	Harris Carlotter	2
PHYSICIAN'S NAME (Type)	`			
Loger b, cave:	22c. NAME OF CEMETERY O	P CPEMATORY	22d. LOCATION (City, fown, or	county) (Stote)
Cremation 5/12/1960	Fort Lincol			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		V Prince Geo:	rges County, Mo
16/4/	20 11/11	SI'M I DATE MA		ins S. House
	X 1 6 / 1 7	OF TO AT DAIL MIN		AND A COMMON



**CERTIFICATE OF DEATH** 

v6012

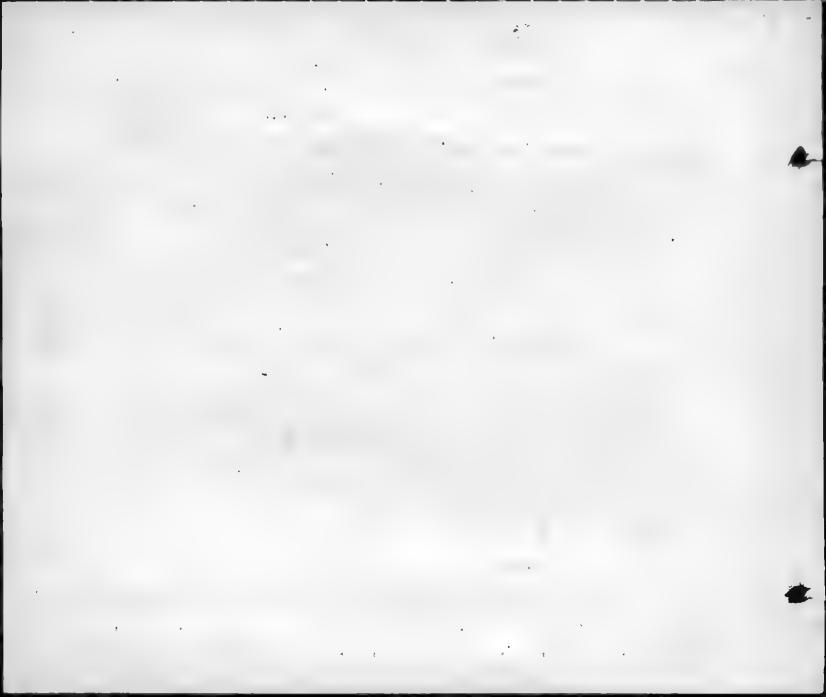
	5918 CERTIFICATE OF DEATH	00113
	1. PLACE OF DEATH O. COUNTY O. STATE  2. USUAL RESIDENCE (Where deceased lived If institute O. STATE  COUNTY O. STATE	
	b CITY OR TOWN (If outside or phrote I mits) write   c LENGTH OF STAY IN 1b   c CITY OR TOWN (If outside corporate limits, write RURALS and give nearest town)	(URAL and give ned est lown)
	Takome Taky Godays Taxxonpeon Indian	ra Place e IS RESIDENCE
100	Washing Ten Sautavik no + Hespila Stranger Washing	ON A FARM? YES NO
	NAME OF DECEASED (Type or print) (See nec Washing On State Death	19 Year
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lost birth day)	Months Doys Hours Min.
	100 USLA. OCCUPATION (Give kind of wark dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore-gin country)  Willowed Divorced Divorced State or fore-gin country)	12 CITIZEN OF WHAT COUNTRY
	Mgr. Scilted Dry Goods Store 11 Mother's Maiden NAME	U.S.G.
_	William Staleup Sarah Taul	d v
I	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECULITY NO 17 INFORMANT Add (Yes. no per unknown) (If yes, give were or dates of service) none	ress
_	18 CAUSE OF DEATH [Enter on y one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND PEATH
	IMMEDIATE CAUSE (o) defended con gustain heart fair	suc 12 htm
	Conditions, if any, which gave rise to immediate (b) arterus cleratic heart disease	
	cause (o), stating the <u>under</u> DUE TO  lying cause lost.  (c)	
and the second	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO W
	200. ACCIDENT WAS UNDERLYING 20b. DESCRISE HOW INJURY OCCURRED. (Et er noture of injury in Part I or Port/II of item 18.)	
	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While Not while foctory, street, office bldg., etc.)	(County) (State
	p. m. 19 of work of work 121   certify that (1) (this haspital) attended the deceased from 4-29 1969, ta-5-5-	19 <b>6.0</b> , that (1) (**) las
\$		nd on the date stated above
	Henry W. Jaeger In D M.D PHYS. DIRECTOR STAFF PHYS.	SIGNED
	22c. PHYSICIAN'S NAME (Type) Han W. Isage w/n.D. 925 Pershing Dr.	Silver Spring Md
	23d BURIAL, CREMAT ON 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Spec fy) 5/9/60 FT. LINGOLN CEMETERY PRINCE GEO. C	or county) COUNTY, MARYLAND
	24 FUNERAL DIRECTOR'S SIGNATURE TAN CHARDRESS CONTINUE AND 250. REC'D BY REGISTRAR 256 REGI	ISTRAR'S SIGNATURE

may be revaired by the hospital ar attending physician

THEREAL DIRECTOR: After this certificate has been signed by the attending physician ==== smmpletely filled in by the funant director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fixed with the State Board at Health prior to burial, cremation, or remaval, and in ony event, within 72 haurs after death. rs after death. Page OR ATTENDINE INVSICIAN: The lam requires that the least certificate le mecutell

160

TO HOSP VR A1S (4) 15M 9/59

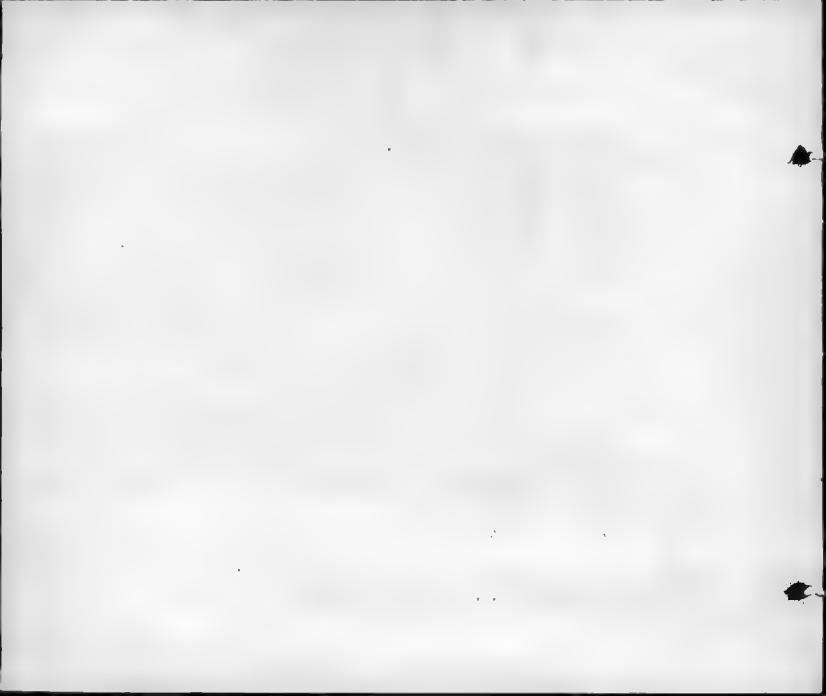


VS A1S (4) 1SM 10/S7 06013

6059 CERTIFICATE OF DEATH

Reg. Dist. No.

1	PLACE OF DEATH O COUNTY	Montgomery	MARYL	4 3 4 7	II O. SIAIE			lived If institute b. COUNTY	on-Residenc	e before a	imission)	
H						eorgi						
	RURAL ond give a Bethesda	(If autside corporate limits, w recrest town)	c. LENGTH OF STAY IN	A 1P	Fairbu		utside carpai	rate limits, write R	URAL ond gi ⊿	ive nearest	fawn}	
T	d NAME OF HOSP	TAL (If not in hospital, give s	treet oddress)		d. STREET A	DORESS	•				RESIDENCE	
	The Clin	ical Center,	Bethesda 14, 1	Id.	Route	#1,	Spens	e Road			N A FARM?	
3	NAME OF DECEASED (Type or print)	First John	Middle Wayne		Star		4. DATE OF DEATH	Mon Ma:		Day 27	Yeor 1960	
5	. SEX		MARRIED NEVER MARRIED	ו מו	B. DATE OF BIRTH	- 0	<u> </u>			,	INDER 24 HRS	
	Male	Negro wit	DOWED DIVORCED		March 16	, 195	2	9. AGE (In years lost birthday) yrs.			urs Min	
11	during most of wo	ON (Give kind of work done king life, eyen if relired)	106 KIND OF BUSINESS OR	INDU:	TRY 11 BIRTHPL	ACE (Stote	or foreign co	untry)	12 CITIZ	ZEN OF W	HAT COUNTRY	
	None (St	ident)	None		Geo	rgia			U.	. S. A		
1;	B. FATHER'S NAME			<u> </u>	14 MOTHER'S	MAIDEN N	IAME					
L	Andrew St	tanley			Marver							
11.	S. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16 SOCIA. SECURITY NO.	17. 11	NFORMANT The	Med:	ical R	ecord Add	·e33	-		
	no	, , , , , , , , , , , , , , , , , , , ,	None	Tr	ne Clinic	al Ce	enter,	Bethesd	a 14,	Maryl	and	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),]										L FETWEEN	
	13611.00	IMMEDIATE CAUSE (a)	Cardiac arres	T								
	Conditions, if ony, which by Septal defects  Septal defects										36 hours	
	gove rise to couse (a), stating lying cause last.	The under-	Ventricular s	ept	al defec	t			-	8	years	
20	PART IS OT	The second secon	ONS CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY REORMED?	
13											NO 🔲	
CEPTIFICATION		20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)										
MEDICAL	20c, TIME OF INJUI Hour o.m. p. m.	- W	Od. INJURY OCCURRED 2 thile Not white work 01 work 1	Oe. PL/ foc	ACE OF INJURY (Hory, street, office	lome, form, bldg., etc.	20f (City	or town]	(Co	ounly]	(Stole)	
	21. I certify the	nat I attended the dec	ceased from April	24	1960	, toMa	ay 27	1960	.,that I la	ist sow t	he decease	
	dive on	)	izala, and mar o	iedin	occurred of			I the causes a reet, city or lawn,		e date s	tated above DATE SIGNE	
	ACTUAL SIGNATURE	dand tolar	1 LMD		The C		al Ce		arque)	5/2	7/60	
								utes of	Health	1	17.99	
	PHYSICIAN'S NAME (Type)	Roland Folse,	M.D.		Bethe	sda 1	4. Ma:	ryland				
27	REMOVAL (Specify		22c NAME OF CEMET	ERY OI	R CREMATORY		22d. LOCAT	ION (City, Iown, o	r county)	(	Stars	
23	Thorus	Signature /	1 Lone	Lu	e_	24a. REC'D	BY REGISTR		trar's sigi			



MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

U6014

		606	0.5	CERTI	FIC	ATE OF DEATH			Reg. D	ist. No.			
	PLACE OF DEATH a COUNTY	Montgomery		MARY	LAND	2 USUAL RESIDENCE (Who o. STATE	of (	b. COUNTY				1	
	b. CITY OR TOWN (I RURAL and give no	If outside corporate limit	s, write	c. LENGTH OF STAY	IN JP	c. CITY OR TOWN (If ou	Iside corpo	orate limits, write R	URAL and	give nec	rest lawr	}	
	Bethe					Washington					•		
	OR INSTITUTION	AL (If not in hospitol, giben Hospita	_	address)		d. STREET ADDRESS						IDENCE FARM? NO DO	
3	Marie Of	Fin		Middle		10st	4. DATE						
	DECEASED (Type or print)		1	V.			DEATH	Mor	nm 	Da	,	Year	
_	SEX	6 COLOR OR RACE	7. MADD		50 C	Stinchcomb B. DATE OF BIRTH		9. AGE (In years	IF WINDE	RIYEAR		R 24 HRS.	
F	emale	White	WIDOWE			Selt 18, 189	72	last birthdoy)	Months	Doys	Hours	Min,	
	USUAL OCCUPATIO	ON (Give kind of work disting life; even if retired)	one 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPLACE (State of	or foreign o	ountry)	12. C	TIZEN O	F WHAT	COUNTRY?	
4	Jousen	rifice		m-1700	~_	Mar	1) Xa	ind		Ц.	74		
13.	FATHER'S NAME	SULAR	IN	'G		14. MOTHER'S MAIDEN NA	AME	SPRI	0.0	2 9			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	ES7 16.	SOCIAL SECURITY NO	17	NFORMANT		Add	ress				
(Ye	No of thrown)	(It yes, give wor or dates of se	rvice]	79-26-15	7 F	lder T.Stincho	omb.	5025-42n	d.,St	N.	.W.,		
7	Conditions, if or gove rise to it couse (o), stating lying couse lost.	mmediate the <u>under-</u> DUE TO	Ad	enocarc	ino	ina 67 41 to	JAI DISEAS	with Meta	stase	ONS	ERVAL BEET AND	DEATH	
1CA710	Urem	ia, Teris		Ldueto		inora obst	ruct	ing Urc7	1015	(1 (6)	PERFO YES [	RMED?	
CERTIF	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	TRÍBE HOW INJURY O	CCURRE	D (Enter nature of injury in Po	ort I or Par	1 1]/of item 18.)					
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m. "	Y Month, Doy, Yeo	While	JURY OCCURRED  Not white of work	20e Pt	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City	y or tawn)	(	Counly}		(State)	
	21. L certify th	at I attended the	decease	ed fram 3 /	3	19414, to 5	5,2	11. 1966	that I	last so	ıw the	deceased	
	ACTUAL SIGNATURE	1.201 Linial -	126	O, and that	death	accurred at $3^{15}$ $a$	_M, frai	the causes of treet, city or town,	and an I		te state		
	NAME (Type)	16War	/	-Japp		4.11.561	15	1.1.C.					

22c. NAME OF CEMETERY OR CREMATORY

Asbury Met. Church Com. ADDRESS S/03 Wipcomundy 240.

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

winning S. Knows

Arnold.

240. REC'D BY REGISTRAR DATE MAY 2 4 '60

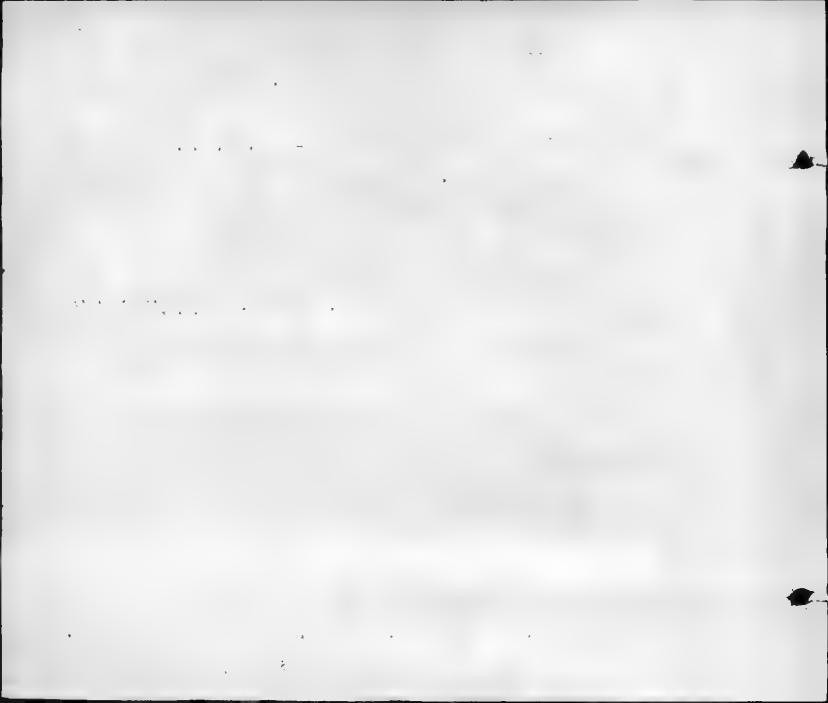
(State)

Md.

VS A15 (4) 15M 9/55

220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify)
Purial May 23.

FUNERAL DIRECTOR'S SIGNATURE



certificate

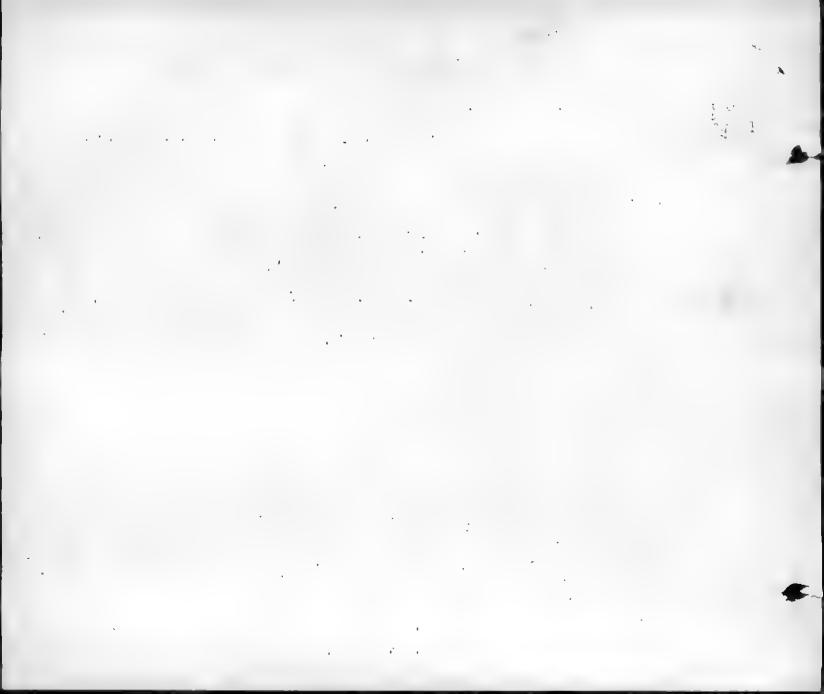
paulo



director

filied

death



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Maryland **b** COUNTY Montg. M ontgomery MARYLAND b. CITY OR TOWN (It outside corporate limits, write RLRAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Bethesda 할 DOM: Gaithersburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? RFD # 3 Suburban Hosp. YES NO TO 3. NAME OF Middle 4. DATE Lost Month (Type or print) Claude Victor DEATH Tennery 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH 9. AGE the years 5. SEX IF UNDER TYPAR IF UNDER 24 HRS Manths Hours Mn. WIDOWED [ DIVORCED [ male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT mit. [Yes, no, or unknown] If yes, give wor or dates of service) 20 PHMPLE 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) nuddin **DUE TO** buriol-tr Conditions, if ony, which gove tite to immediate cause DUE TO (a), stating the underlying couse fast. 0 PART II. OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200 DESCRIBE HOW INJURY OCCUPYED (Enter nature of injury in Port YES NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING rure and which 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or low) Month, Day, Year factory, street, office bldg., etc.) Montg. Garrett Pk. 19 60 at work at work 21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry , and in my opinion death resulted from: Natural causes 🔼 Accident 🗍, Suicide 🧻, Homicide 🗍, Undetermined manner DATE SIGNED **ACTUAL** Frank J. Broschart CHIEF MEDICAL EXAMINER <u>□</u> = SIGNATURE showld be ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME '60 DATELY 9



		0004	CERTIFICA	ATE OF DEATH			Reg. Dist.	No.
1,	PLACE OF DEATH o COUNTY	Montgomery	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Marylan	are deceased	b COUNTY		
	RURAL and give	N (If outside corporate limits, write e neorest town)  tt Park	c. LENGTH OF STAY IN 16	Garrett				
	d. NAME OF HOS OR INSTITUT O			d. street address	trose	Ave.		e. IS RESIDENCE ON A FARM? YES NO
3,	NAME OF DECEASED (Type or print)	First BELLA	Middle BROOKS	Thômpson	4. DATE OF DEATH	Mont May	21	17
	Female	e Caucasian Down	ED A DIVORCED	8 DATE OF BIRTH 5/3/77		9. AGE (In years lost birthdoy) 83 yrs		YEAR IF UNDER 24 HRS. Days Hours Min.
De	during most of v	AT ON (Give kind of work done 10b. working life, even if retired)  eacher, retired	KIND OF BUSINESS OR INDU	Pennsylvan		ountry)	U.S.	A .
13.	WALTER J	BROOKS		14. MOTHER'S MAIDEN NA PHOEBE VI		A BASSETI		
	WAS DECEASED	EVER IN U. S. ARMED FORCES? 16.		NFORMANT , Alex C. Adri	an, 1	Addre	15.5	Ave.
		DEATH [Enter only one couse per lin		tion, Slow	dwody	DOO NOO	+03	INTERVAL BETWEEN ONSET AND DEATH 2 Months
	154	DUE TO	EABAIIguriia	OTOIL STOW	ar ari	rage rec	Jal	E MOTIONS
	Conditions, i	immediate (	Carcinomat	osis, Abdom	en, (	Chest		
	lying couse to		Carcinoma	Rectum, Pri	mary	Site		
PERF								(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	OR CONTRIBUTI	WAS UNDERLYING   20b. DES NG   CAUSE OF DEATH IFY MEDICAL EXAMINER]	CRIBE HOW INJURY OCCURRE	O (Enter noture of injury in Pe	ort I or Port	II of stem 18)		

20c. TIME OF INJURY Doy. Year

20d. INJURY OCCURRED

20e PLACE OF INJURY (Home farm, foctory, street, office bldg., etc.)

20f. (City or town)

(County) (Stote)

MEDICAL 21. I certify that I attended the deceased fram. March

Hour o.m.

Not while

of work

1900, that I last saw the deceased

V6018

And that death accurred at\_

0609 Concord St.

Kensington, Md.

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

Robert T. 220. BUR AL, CREMATION, 22b. DATE THEREOF BURIAL 5/27/60

Thibadeau, 22c NAME OF CEMETERY OR CREMATORY ROCK CREEK CEMETERY

22d LOCATION (City, town, or county) WASHINGTON, D.C.

1.1.5M. Dram the causes and an the date stated abave.

23 FUNERAL DIRECTOR'S SIGNATURE

ADDRES\$ SILVER SPRING, MD. 24g. REC'D BY REGISTRAR DATEMAY 3 1 '60

24b, REGISTRAR'S SIGNATURE arthur S. Kraus

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed page 3 shauld be detached for use as the burial-transit VS A15 (4) 15M 9/58

sly filled in by the funeral directar, Pages 1 and 2 should be filed with

and completely papers.

carban physician

a

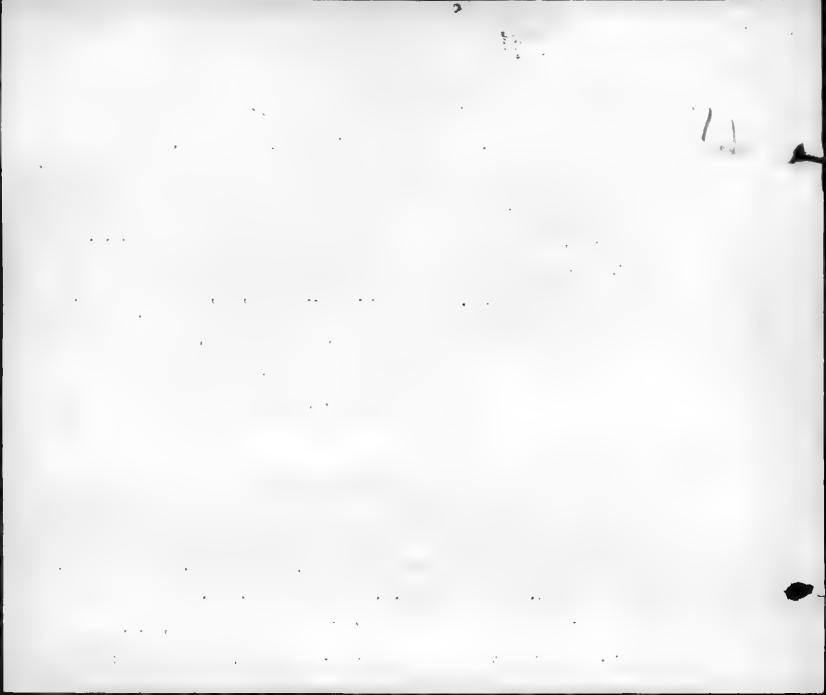
removal,

prior

è permit.

ofter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24



CERTIFICATE OF DEATH

		5929	CERTITION	AIL OF BLATTI	Reg. Dis	t. No.
	1. PLACE OF DEATH	NTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE MARYLAND	b. COUNTY MONT	ce before admission) GOMERY
	6. CITY OR TOWN ( RURAL ond g ve n KENSI	If outside corporate limits, write earest town) NGTON	9 yrs.	c CITY OR TOWN (If outside corp		ive nearest town)
	d name of Hospi' Or Institution	TAL (If not in hospital, give street Carroll Hall Nui	address) rsing Home	/ d. STREET ADDRESS 2713 HARMON ROA	D	e IS RESIDENCE ON A FARM? YES NO
0	3. NAME OF DECEASED (Type or print)	EUMA	FROST	TYLER 4. DATE OF DEATH	Month H May	Day Year 15 1960
	5. SEX FEMALE	6. COLOR OR RACE 7. MARR	HED NEVER MARRIED DIVORCED DIVORCED	6/3/78		1 YEAR IF UNDER 24 HRS Doys Hours Min.
	GLOVEMAKE	king life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stote or foreign ENGLAND	**	ZEN OF WHAT COUNTRY
	13 FATHER'S NAME unknown	FROST		14. MOTHER'S MAIDEN NAME unknown		
	15 WAS DECEASEDEVE (Yes, no, or unknown) NO	R IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)		nformant s. Vera Abbaticchi		Rd.
* 1	Conditions, if a gove rise to it couse (a), storing lying couse lost.  PART II. OTH	mmediate	PERTONSING SENTIAL  SENTIAL  CONTRIBUTING TO DEATH BUT	HYPERTEN ZED ARTE	DISEASE  SIBIN  RIOSC LE ROSI  SE CONDITION GIVEN N PART	ONSET AND DEATH  1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING	MEDICAL EXAMINER)	ANILON OCCUPAND 200 BI	D (Enter noture of injury in Port I or Po		ounty) (State
6	Hour o.m.	19 While of world	k of work	ctory, street, office bldg., etc.)		
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	HENRY M. LOWDEN	ond that death	M.D. 520 6 Chery C	the causes and an the (Street, city or town, state)  and arranged by the control of the cause of	date stated above
	TRANS . &	BURIAL 5/17/60	FERN DALE CI	R CREMATORY 7224 LOCAL EMETERY FULT	ON COUNTY, NEW	YORK (Stote)
	23 FUNERAL DIRECTOR	de Junea.	SILVER SPR	ING, MD. 240. REC'D BY REGIS		4 -

TO HOSPI OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 mours after death. Page 4 moy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be miled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B



	the	Lhen	pue
	signed by	permit.	removal, c
g physician	has been s	priol-transit	matian, ar
m aftending	certificate	e as the bu	burial, cre
e hospital #	: After this	ched far us	Ith prior to
med by thi	DIRECTOR	Id be deta	ard of Hea
may be retained by the haspital in attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the	page 3 shauld be detached far use as the burial-transit permit. Then	the State Board of Health prior to burial, cremation, or removal, and
	ĭ		

TO HOSP

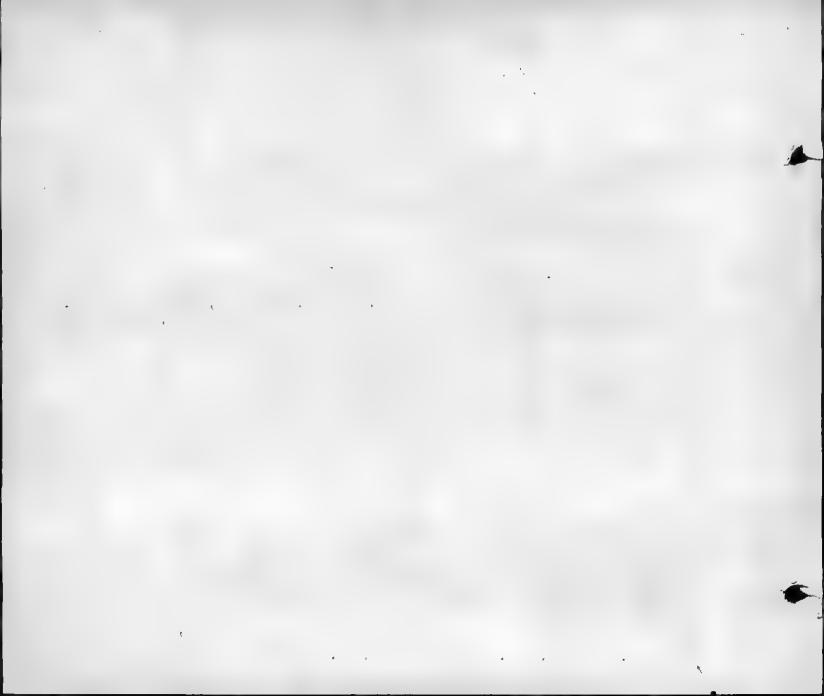
VR A1S [4] 15M 9/59

PLACE OF DEATH	TGOMERY		MARYL	- 11	o. STATE	ENCE (WH	ere deceased liv	red. If instituti b. COUNTY		ARD	mission)
b. CITY OR TOWN I	(If outside carporate limiteorest town)	its, write	c. LENGTH OF STAY I	N 16			utside carporate	limits, write F			own]
OLN	EY		3 DAYS		ELL	ICOTT	CITY			13X	
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	jive street	oddress)		d. STREET AD					e. IS	RESIDENCE
	MONEGOMERY	GENER	RAL HOSPITA	L	R-3					YES	FARM?
3. NAME OF	Fic	st	Middle		Last		4. DATE	Mor	ıth	Day	Year
(Type or print)	WALL		(Wallace)		TYLE	R	OF DEATH	MAY		18	1960
S SEX	6. COLOR OR RACE	7- MARR	HEDE NEVER MARRIE	D 🔲 🛭 🗓 D,	ATE OF BIRTH			AGE (In years lost birthday)		_	NDER 24 HR
FEMALE	COLORED	WIDOWI	DIVORCED				1890	70 yrs.	Months	Doys Ho	urs Min.
10a USJAL OCCUPATI	ON (Give kind of work	done 10b	KIND OF BUSINESS OF	INDUSTRY	11. BIRTHPLA	CE (Stote			12. CITIZ	EN OF WHA	AT COUNTRY
At He	rking life, even if retired	)			Ma	RYLA	ND.		11	S. A.	
13. FATHER'S NAME	01136			14	, MOTHER'S					J. A.	
	WALLAS WIL				1						
IS WAS DECEASED EV	ER IN U. S. ARMED FOR			17 INFOR	LAURA MANT		7	Add	rate		
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervice)	SOCIAL SECURIT NO			0					
No			None	l no	SPITAL	KEC	ORDS	ULNE	Y, Mo.		
	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]							INTERVAL	BETWEEN ND DEATH
PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	CEREBRA	L HEM	DRRHAGE						AYS
	DUE TO										
Conditions, if	ony, which \										
gove rise to	immediate (										
Couse (a), stating lying couse last.	the under-										
	HER SIGNIFICANT CON	,	CONTRIBUTING TO DEA	THE BUT A LOS	DCLATED TO	Thir TEBALL	ALLE DICK ACE CO	DAID TION CI	EN A RADT	1/ 10 34/	AC ALITORIS
OIL	HER SIGNIFICANT CON	DITIONS	ON KIBUTING TO DEA	IIM BUI NUI	KEDATED TO	I FIE LEKWI	NAE DISEASE CI	JNU HON GI	EN N PAK	PE	RFORMED?
■ OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of	injury in I	Port I or Port II	of item 18.)			
\$ 20c. TIME OF INJU	RY Month, Doy, Ye	ar 20d, It	NJURY OCCURRED	20e PLACE	OF INJURY (H	ome, farm	20f. [City or	town	íCo	ounty)	[Stote
WEDICA TIME OF INJU	19	While	Not while	foctory,	street, office	bldg., etc.	)				•
			k ot work								
21 I certify the	at (I) (this haspital	l) attend	led the deceased f	fram	JULY	12	46д.ta	MAY_18_	, 19_60	1, that (	) (we) las
saw the decea	sed7alive an M	AY 17	19_60, and I	that deat	h accurred	at1:3	5M, from the	e causes ar	d an the	date sta	ted abave
220. SIGNATURE	11/ 11/		4 .								22b. DATE
(	only ?	They	, R, A	M D.	ATTENDING	X MI		STAFF PHYS. []		5/1	SIGNE 8/60
22c. PHYSICIAN'S					22d. ADDRES						4/44
NAME (Type)	C. S. WHIT	AKED.	. м. п		CIA	DKCNI	LLE. M	ما			
22- Bunial Constant				TERV CO CO		DVAKI					C) 4 )
REMOVAL (Specify	ON, 23b. DATE THEREC		23c. NAME OF CEME				23d LOCATION		or county)	(	State)
Burial		1-60	West Li	berty			Alph				
24 FUNERAL DIRECTOR			ADDRESS				D BY REGISTRAL		STRAR'S SIG		
F.C. High	inbothom.El	licot	t City, Md			DATE MA	Y 23 '60	a	Thun S.	Thomas	

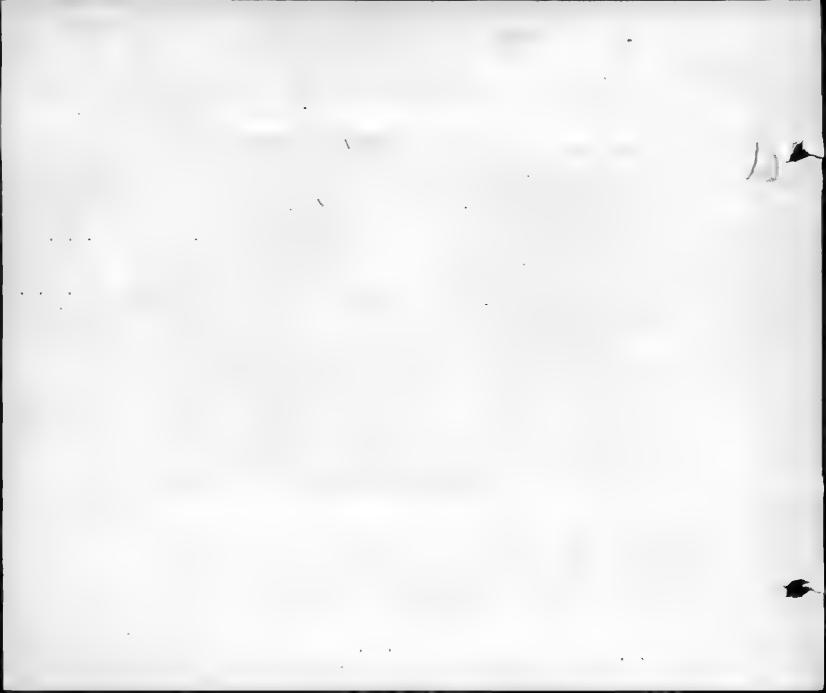


MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If Institution, Residence before admission) a. COUNTY COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURÁE c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address) # d. STREET ADDRESS o. 15 RESIDENCE YES 🗍 NO 🔼 3. NAME OF First Middle DATE Month -DECEASED OF DEATH (Type or print) 60 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Havrs WIDOWED DIYORCED [ yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ACK TO THE PROPERTY OF THE PRO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ge 5 r 15 WAS DECEASED EVER IN U. S.ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ill yes, give war or dates of services Mr. James F. Scarpelli, 108 Virginia Ave. Cumberland, Mary HANNAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Zerd Pla DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost. Office PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY ő PERFORMED? NO M 20g EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) 0 0 While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry X, and find that death resulted from: Natural causes 🔂 Accident . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 0 0 SIGNATURE forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER 5-6-60 NAME (Type) USCHZAK DEPUTY MEDICAL EXAMINER 🗾 BURTAL Specify 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Hillcrest Cemetery 0 5/6/60 Cumberland, Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SILVER SPRING. MD. WARNER E. PUMPHREY - INC. VS. A15ME(5) Circher S. House DAMEAY 9 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ofter

.E

aftending |

by permit. emoval,

gned

ŏ

certificate has been si **burial-transit** 

After this

detoched far

pe

3 should

page the 5tc

ar ottending physician

please OHY

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

Circun & House

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY Maryland b. COUNTY Montgomery MARYLAND Montgomerv b CITY OR TOWN (if outs'de corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Chevy Chase Chevy Chase d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION YES NO 4709 Cumberland Avenue 4709 Cumberland DATE 3. NAME OF First Middle Year Month Day DECEASED OF DEATH (Type or print) Watkins 19 Howard May IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years lost birthday) S SEX 6 COLOR OR RACE | 7 MARRIED | NEVER MARRIED | | B. DATE OF BIRTH Months DIVORCED [ 82 WIDOWED [7] YES. Male White 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Chemistry Chemist-Retired US Iowa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Watkins Mary Bal 17, INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address (If yes, give war or dates of service) Nina Watkins-wife-same as 2d No None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse portine for (o), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) JUL X **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY CATION PERFORMED? YES NO 🗵 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) IF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. , 19 40 that UK 21 I certify that (I) (this hospital) attended the deceased fram.... 1950 to may 14 (we) last \_1940, and that death accorred at 2 PM, from the causes and an the date stated above saw the deceased give on May 220. SIGNATURE 22b, DATE SIGNED ATTENDING M D PHYS DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Paul Cantor Montg. Lane. Bethesda. BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Parklawn Cemetery Rockvolle. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Maryland

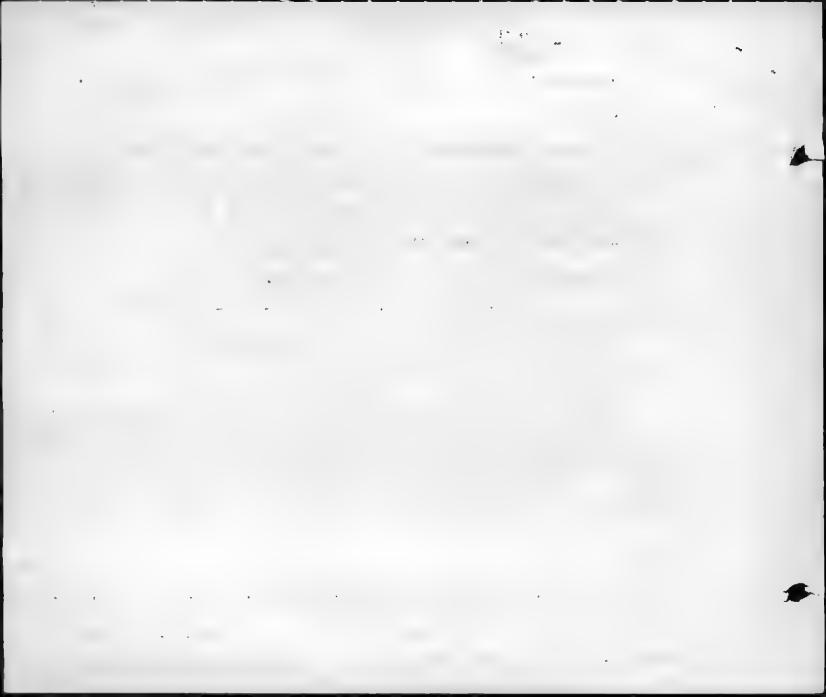
Bethesda,

Pumphrey

2 **VR A1S (4)** 15M 9/59

toy be retained by the FUNERAL DIRECTOR:

OR



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

u6024

	5920
M	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived 16 institut on; Residence before admission) 3. STATES 4. COUNTY
IVI)	Menigemery MARYLAND VIEGINIS UNINGTON
	b CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c CITY OR TOWN (If outside corporate limits, write RURAL and give represt town)
-	Takoma Park 55days aninaton
15	d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS ON A FARM?
)	Washington Daniarium of Hospital 219 No 12 F/S Dr. YES NO 5
	3. NAME OF First Middle , a last 4. DATE Month Day Year
	(Type or print) ENCS FITZALON WOLTH'S DEATH MAY 21 1960
	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 11) UNDER 1 YEAR IF UNDER 24 HR
	Female. White WIDOWED DIVORCED 5 8-10-93 66 yrs Months Days Hours Min
	10a LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during mast of working life, events fretired)
	Housewide - Virginia U.S.G.
	13 FATHER'S NAME
	Everett Whaley Frances Cross
( )	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Yes, no, or Jinknown)   I (If yes, give war or dates of service)
_/	No - Hospila Records.
	18 CAUSE OF DEATH [Enter only one cause per line for (a))(b), and (c)-]
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Seckepting and aneugh
	DUE TO C A D O
	conditions, it only, which) of the cut of Brest with melastern to some of
	gove rise to immediate couse (o), stating the under-
	lying couse lost. (c) Cancer (ancer
	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO
	20g ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.)   OR CONTRIBUTING   CAUSE OF DEATH
	G (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State of the control
39	Hour o. m. p. m.  White Nat white of work at work at work at work
Health pria	21   certify that (1) (this haspital) attended the deceased from. 2/10/., 1260, to 3/16/., 1900 Othat (1) (we) la
	saw the deceased alive an 2/2/2/2/2 and that death occurred atM, from the causes and an the date stated above
	220. SIGNATURE ATTENDING MED STAFF SIGNE
	M D PHYS. LI DIRECTOR LI PHYS. L
	12c PHISHCIAN'S NAME (Type) ( has H Walotto N MI) 12d. ADDRESS
	23d BURIAL CREMATION, 23b DATE THEREOF   23c NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, Idwin, or county)   (5101e)   5211/60   Arlington National Cem Arlington, Virginia
	0 -1 -1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	A THINK CA - 49/1-14 35/. N. W. Wich. US DATE MAY 23 00 Crown S. Tolling

OR ATTENDING PHYSICIAN: The law requires that the death certificate be Executed within 24 ned by the haspital ar attending physician.

VR A1S (4) 15M 9/S9



80



MONTGOMERY

S RESIDENCE

ON A FARM?

YES NOT

Year

19

IF UNDER 1 YEAR IF UNDER 24 HRS

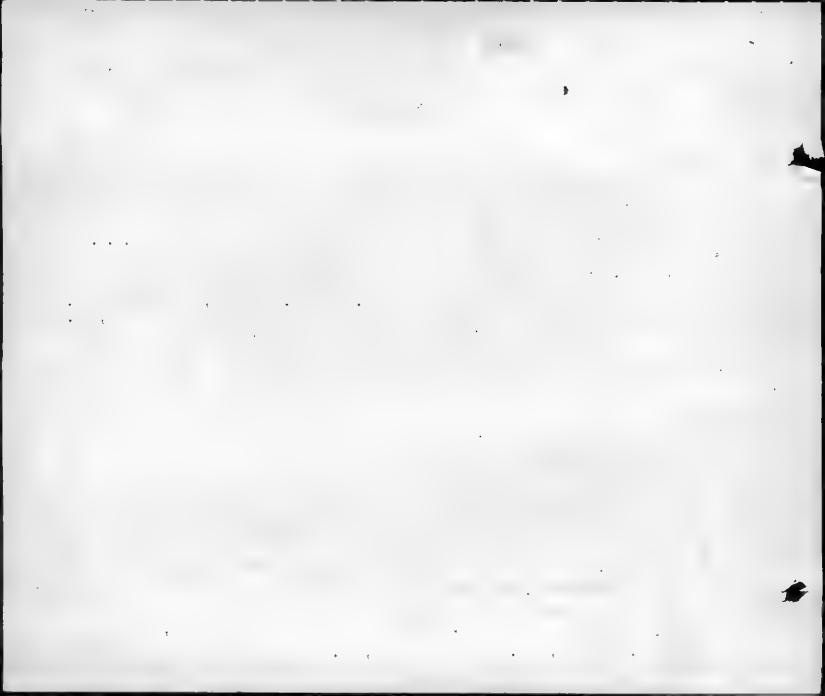
director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE **MONTGOMERY** MARYLAND MARYLAND funerol b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Since 9/59 SILVER SPRING should d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION BONIFANT 826 BONIFANT STREET 25 NAME OF Middle DATE filled DECEASED OF DEATH MARY McDONALD WEINGARTH (Type ar print) 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH ofter 8/26/76 FEMALE WHITE WIDOWED A DIVORCED | complet papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) during most of working life, even if retired) own home Homemaker Kansas puo pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remove cork physicion John P. McDonald Mary Ann Smith IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) none offending pleose 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] e DEATH WAS CAUSED BY IMMED ATE CAUSE 10 DUE TO ģ permit. Canditions, if ony, Which (b) gove rise to immediate DUE TO cause (a), stating the underlying cause last bur ol-transit (c) peen ö PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY antereaselevores 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) factory, street, affice bldg., etc.) Hour a.m While Not while al wark of wark detoched for 21 I certify that (1) (this haspital) attended the deceased from. sow the deceased alive on and that death accurred at FUNERAL DIRECTOR: 220. SIGNATURE ATTENDING PHY5 M.D. OR 72c PHYS CIAN S 22d, ADDRESS 3 should NAME (Type) BERNARD A. FITZGERALD 23a BUR AL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify MT. CALVARY CEMETERY TRANS, & BURIAL o

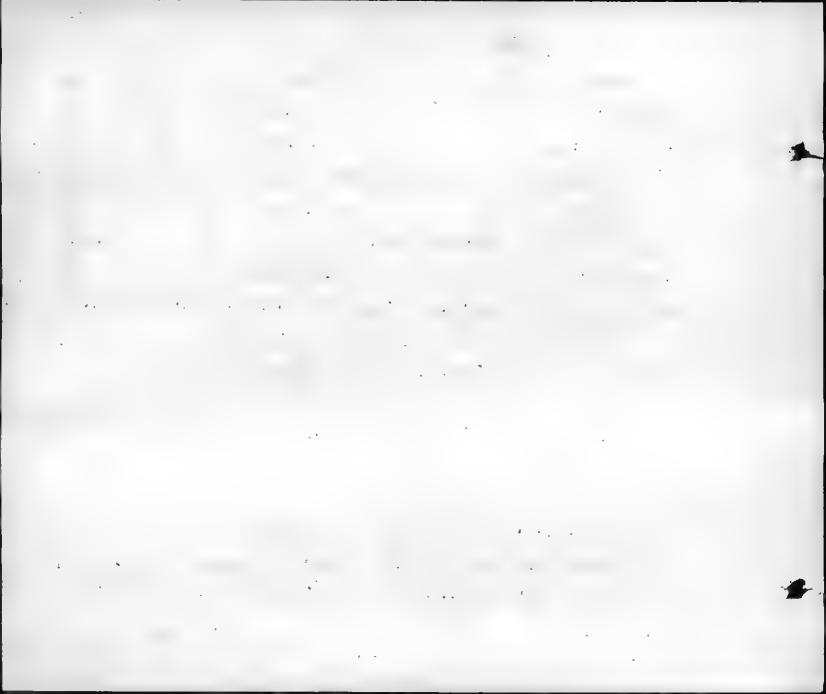
AGE (In years last birthday) Months Days Hours 83 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Mrs. Peter N. Benedict, 826 Bonifant St. SPELTIGHTER SETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State) 19\_\_\_\_, that (I) (we) last M, from the causes and on the date stated above. 225 DATE SIGNED PHYS DIRECTOR -23d LOCATION (City town, or county) (State) LEAVENWORTH, KANSAS 25h REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR SILVER SPRING, MD. arthur S. Thous

b. COUNTY

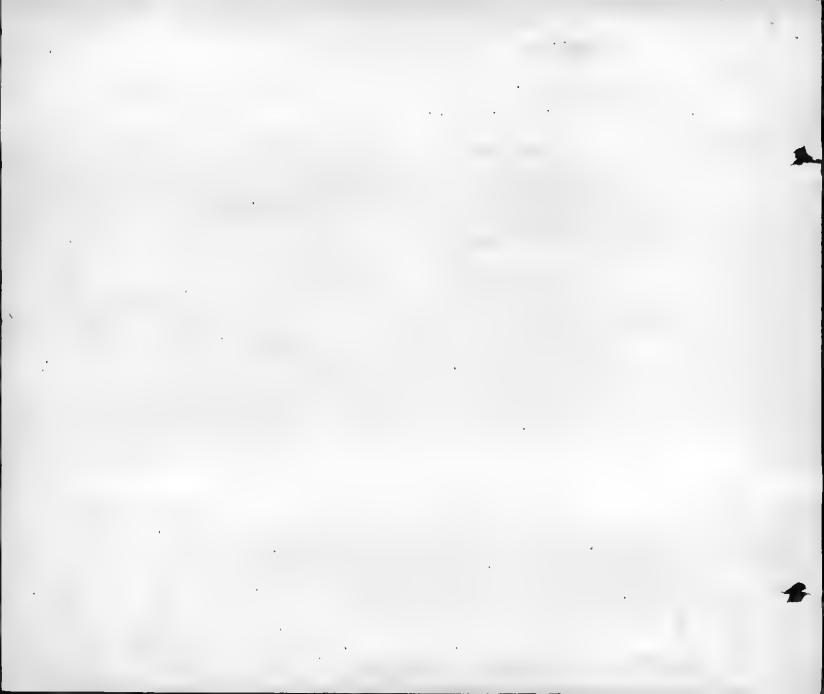
Manth

VR A15 (4) 15M 9/59





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution\_Residence before admission) COUNTY g. SVA b. COUNTY A MATERIAL CITY OR TOWN (If guitage corporate limits c LENGTH OF STAY IN 15 c\_CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) TO 0 oma d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d STREET ADDRESS OR INSTITUTION YES NO T 1)ashina Danitarium 1020 NAME OF Middle 4. DATE Manth Year Day DECEASED DEATH (Type or print) 19 DUTU IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 9. AGE (In years etely MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED IP DIVORCED [ Q 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? dering mast af warking life, even if retired) enn and benler carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicia name unknown) Weston гетаме WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address event attending please any CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: DUE TO Cand tians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit WAS AUTOPSY Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED crematian, PERFORMED? has YES NO IN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING FI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm 20f (City or town) (State) Day. Year (Caunty) factory, street, office bldg., etc.) g, m While Not while at work | at wark p, m. detached far 21 | certify that (1) (this hospital) attended the deceased fram. N. X. 4 194 194 D, that (1) (we) last may be refuned by the h > FUNERAL DIRECTOR: A Dage 3 should be d Health 19/00 Fram the causes and an the date stated above saw the deceased alive an. and that death accurred at [all 22a SIGNATURE SIGNED ATTENDING STAFF PHYS. M.D. PHYS. DIRECTOR -22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d LOCATION (City, tawn, ar county) 23a BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) page the Sto REMOVAL (Specify) O 25b. REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR DATE JUN arthur & Kraus 15M 9/59



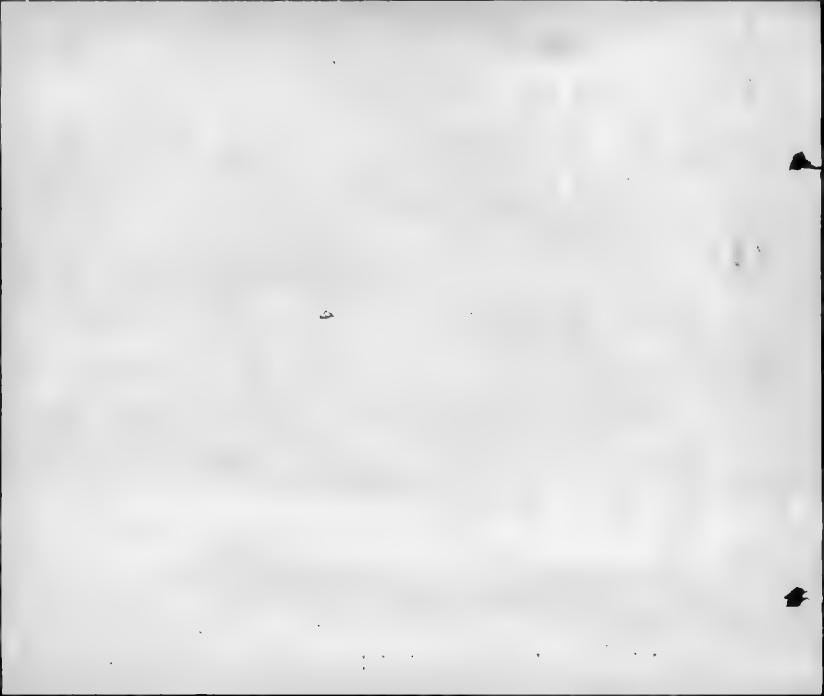
### FOR STATE HEALTH DEPT.

TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the mand "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the turn aldirectof. Bage 4 should be forwarded to the Chief Medical Examiner's Office along with form PASTARGE 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, fill pages I and 2 with the State Board of retained or its designated agent, prior to burial, cremation, or removal, and in any event when 7p hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 589MEDICAL EXAMINER'S CERTIFICATE OF DEATH 66929589MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decreaed lived, If Institution, Residence before admission)
a. COUNTY MINTERNAL BANKANIE	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limit), c. LENGTH OF STAY IN 16	c, CITY OR TOWN (1 outside corporate limits, write RURAL end give weerest town)
write RURAL end give (derest town)	10: 16
d. NAME OF HOSPITAL OR NSTITUTION (if not in hospiles, give street eddress)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
92/2 Whilell St Middle	9212 Wendell St YES NO 1
DECEASED (Type or print). add le Heden	Lasi A. DATE Month Day Year OF DEATH MOST 3 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.  lest birthday) Months Days Hours Min.
100. JUSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	8-21-1884 75 yrs.  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	to skill the colors of todays country)
13. FATHER'S NAME	14. MOIHER'S MA DENNAME P.
H. STILLY	Detremera Stanke
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. E.	NFORMANT Address
(Yas, no, or unkown) ((flyesgive were detes of service)	of other
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	yellow Jam - Illu I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Color Consul Color	sula accident 35 mm
DUE TO	
Conditions, if enfy, which (b) gave rise to immediate cause	
(a), stelling the underlying DUE TO	
cause lest (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 118, 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO K
ZDB. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E PRIMARY OF CONTRIBUTING   DICKURS OF DEATH.	nter nature of injury in Part I or Part II of item 18.)
	CE OF INJURY (Home, form, , 20f. (City or town) (County) (Stata)
Hour a.m. While Not While fector	ory, street, office bldg., atc.)
7 1 2 2 1	
21. I certify that I took charge of the remains described above, he	d an Autopsy . Inspection X. Inquiry . and in my opinion
death resulted from: Natural causes . Accident . Suici	de, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE TOTAL O Brechert	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
DA STOLL	DEPUTY MEDICAL EXAMINER D 52. 3-60
NAME (Type) FANK J. 13 CS CN 2 AT  22b. BURIAL CREMATION 1 22b. DATE THEREOF 1 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county)  CREMATORY 22d, LOCATION (City, town, or country) (Stella)
Removal (Specify) 5/5/60 Woodlawn Ce	372
23 E INCOME DECTOR	Metery   Winona, Minnesota
The S. H. Hines Co. 2901 14th St. N. W	
Washington 9.D.C	DATE MAY 5 '60 Cirlbur S. France.





DATE

MAY 1.7 '60

VS A15 (4) 15M 9/55

death. Page

requires that the death certificate



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

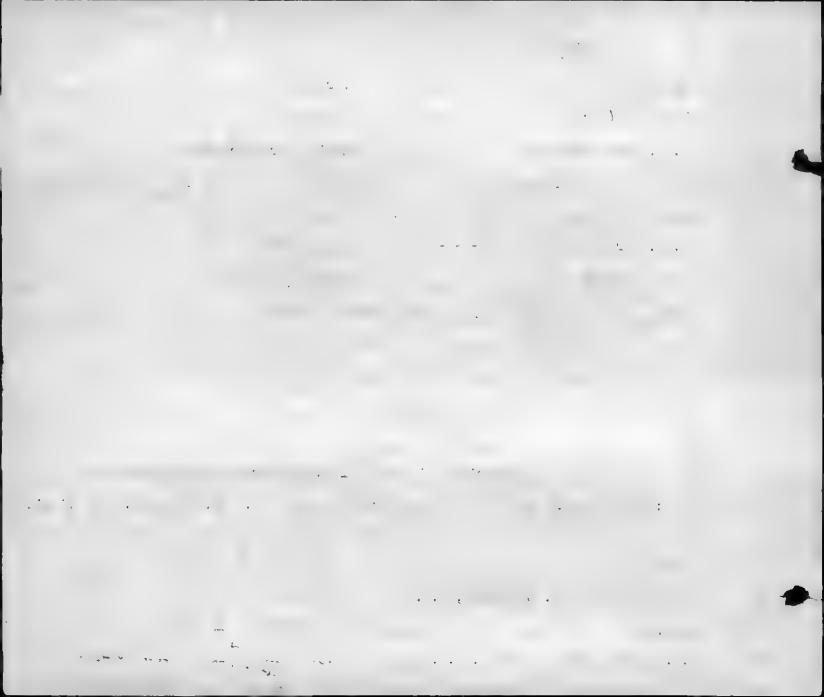
06032

1. PLACE OF DEATH			2 USUAL RESIDENCE (WI	here deceased lived. If institution:	Residence before admission)
	ntgomery	MARYLAND	Mary	Land b. COUNTY	Montgomery
b CTY OR TOWN RURAL and give r	(If outside corporate limits, write	c. LENGTH OF STAY IN 16		outside carparate limits, write RURA	(L and give nearest town)
Bethes			44 Bethe	esda	
d. NAME OF HOSPI	ITAL (If not in hospital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
9316 E	lmhurst Drive		9316	Elmhurst Driv	VE YES NO DE
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year
(Type or print)	Dee	C	Will	DEATH May	18 19 60
S SEX	6 COLOR OR RACE 7 MARE	RIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years IF lost birthdov) M	UNDER I YEAR IF UNDER 24 HRS piths Days Hours Min
Female	White WIDOW	ED 🔣 DIVORCED 🗌	6/4/1887	10st birthdoy) 72 yrs	[11] 14; Hoos   Mili
10a USUAL OCCUPATI	ION (G ve kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDI	USTRY 11 BIRTHPLACE (Stote	or foreign country)	12 CIT ZEN OF WHAT COUNTRY?
Housew			Texas		US
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	VAME	
Unk	nown		Unknow	a	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	INFORMANT	Address	
No No. or unknown]	(17 yai, give was as asset of zervice	None	Mrs. John Ed	dy-daughter-sa	ame 2d
18. CAUSE OF DE	ATH [Enter only one couse per la	ne for (a), (b), and (c).]	1. 1. 1		INTERVAL BETWEEN
PART I DE	ATH WAS CAUSED BY: Bro	nchopneumonia	, terminal		3 days
154	. 3.4	estatic Carci	noma, peritone	al	2 years
Conditions, if		abvaule outer	domes, berroote	CA-da	2 30025
gove rise to couse (o), status	immediate Courte	seel Call Care	cinoma of rect	2170	3 years
lying couse lost	gine under-	acal oell oal	CINOMA OI TECT	, qua	U years
PART II. OT		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
TATE OF THE PARTY					YES NO
PART 11, OT	AS UNDERLYING 206. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port !! of item 1B )	
	Y MEDICAL EXAMINER				
	. ,,	Z.	LACE OF INJURY (Home, form		(County) (Stote)
Hour o.m.	10	THOI WILLIAM	octory, street, office bldg., etc		
1 -		lad the decoared from	Now 17 10	52 to May 18	10 CO that III two last
	sed alive and 18	10 CA JAL-A	125	M, from the causes and	an the data stated above
220 SIGNATURE	ased drive differy 16	17. BU/ one mar	dediti occorred di 111	im, ironi ine causes ana i	22b DATE
1150	1- + 12. am	11.		STAFF PHYS	S GNED 1066
22c PHYSICIAN'S	Juny V	E.J.A.	22d. ADDRESS		May 19, 1960
NAME (Type)	Robert G. Ang	le, M.D.	5009 Del B	ay Avenue, Beth	esda, Md.
23g BURIAL CREMATI	ON, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town, or o	county) (State)
REMOVAL (Specify	7)				
Cremation 24, FUNERAL DIRECTO		Cedar Hill	_Crematory	D BY REGISTRAR 256 REG STR.	Mary Lam AR'S SIGNATURE
	A. Pumphrev	Bethesda. M	aryland DATE N	AY 2 4 '60 Cut	hur S. Kraus

VR A1S (4) 15M 9/59



1	Ite: 18 Film 263 5-27MARYRAND STATE D	EPARTMENT OF HEALTH
TOD OTITE	Division of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TUK SIAIE	6071 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 6033
Factor Deb.	PLACE OF DEATH     COUNTY     Montgomery	2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before admission)  a. STATE b. COUNTY Virginia c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
slay is necessarial director.  Soard of the your the state of the stat	write RURAL and give nearest town)  Bethesda (Rural)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Quantico d. Street address on a farm?
any de ne fune etainec etainec etainec death	U. S. Naval Hospital  3. NAME OF First Middle  DECEASED Middle	Marine Corps Schools  Last  4. DATE OF  Month Day Yes NOK
eath. If 13 to the vith the s after	(Type or print)  Frank  5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 B.	WILLIAMS 1 DEATH May 14 19 60  DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.  last birthday) Months: Days Hours Min.
affer de 1, 2, and 3e 5 may and 2 w hours	Male  Negro  WIDOWED  DIVORCED  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	6-16-24 . 35 yrs. (Multilla Day) 12. CITIZEN OF WHAT COUNTRY?
Thin Pages	U. S. Marine Corps	Louisana USA
ithin 24 S. Give P. Orm P.M. File pa	Abe WILLIAMS  15, WAS DECEASED EYER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO.   17, I [Yas, no, or unkown] (Ifyas, give war or datas of service)	Joeanna (unknown) NFORMANT Address
trem 18 with 1 permit	1	DSpital Records_
should be execting, in pencil in a Collice along a burial-transit emoval, and in	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate causa  DUE TO  DUE TO	
ord "pendin ord "pendin al Examiner" i be used as	causa last. (c) Auto accident	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8" 19. WAS AUTOPSY PERFORMED?  YES NO
NER: This ng the world Medica 3 should urtal, cret	Walst of type of altifolds	obile which struck bridge abutement
A to by		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) ory, street, office bidg., atc.)   1.2 mi. south Rt. 617 Virginia
ALE	21. I certify that I took charge of the remains described above, he death resulted from. Natural causes, Accident, Suici	
MEDIC te the ce forward forward sted age	4 10	CHIEF MEDICAL EXAMINER
at for a second	actual Trank Deckhart	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
DEFORT Mease execute should be for FUNERAL its designate	EXAMINER'S NAME (Type) Frank J. BROSCHART, M.D.	DEPUTY MEDICAL EXAMINER   Address (Street, city, town, or county)
or its	22a. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR Shirment 5-16-60 Port Hudson Nat	tional Cemetery Zachary Louisiana (Stata)
VS. A15ME 5M 7/59	23. FUNERAL DIRECTOR ADDRESS  W.W. Chamber 1400 Chapin St. N.E. Washing	ton D.C. DATE 2-15-60 Segistrar's Signature
		MAY 19'60 arthur S. Krous



requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

L sp.

4

\* . . . .

e

MARYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) 1. PLACE OF DEATH b. courty Prince George f any delay is necessary, the funeral director. Page remined for yom files. Is State Board of Hgalith. Maryland Prince George
c. City OR TOWN (If outs do corporate limits, write RURAL and g ve nearest burn) MONTGOMERLA

b. CITY OR JOWN is outside corporate I mits,
write RIRAL and give pearest Jown) MARYLAND c. LENGTH OF STAY IN 16 Takema Park
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) e. IS RESIDENCE to the funer.

to the funer.

be remined for the State B ON A FARM? 7011 Colesville Washington Sanitarium and Hespital YES TO NO TO 3 NAME OF DECEASED DEATH Wise (Type or print) May 2 with the 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 19. AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Manths WIDOWED DIVORCED T 2, a and and 72 ho Ain 24 hour 1, 2, Give Mag. Tage 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life even if retired)
Keal Estate Broker bnitoba, Canada within 13. FATHER'S NAME John Frank Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
(Yes, no, or unknown) (Ifyesgive werordetesofservice) John Wise 18. CAUSE OF DEATH [Enter only one cause pel I ne for (e), (b), and (c).] pennil in Item 1 INTERVAL BETWEEN " in pessit in the Office stong a burist-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SHOCK SUDDEN DUE TO 16) ABDOMINAL DEMCRRHAGE Conditions, if eny, which Fxaminer's cave rise to immediate causa **DUE TO** (a), stating the underlying PART II. OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1121 19 WAS AUTOPSY PERFORMED? YES VI NO \* EXTERNAL CAUSE WAS ARY [] OF CONTRIBUTING [] 20b, DESCRIFE HOW INJURY OCCURED, (Enlar nature of injury in Part I or Part II of Item 18.) While Not While et work at work at work at the frequency of the work at work a TIME OF INJURY Month, Day, Year Lighter the and the shaum be forwarded to the PUNERAL DIRECTOR: P 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion MEDICAL Accident X. Undetermined manner death resulted from: Natural causes ... Suicide . Homicide CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county). 22a, BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) S O MA 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Keaus 5M 7/59



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

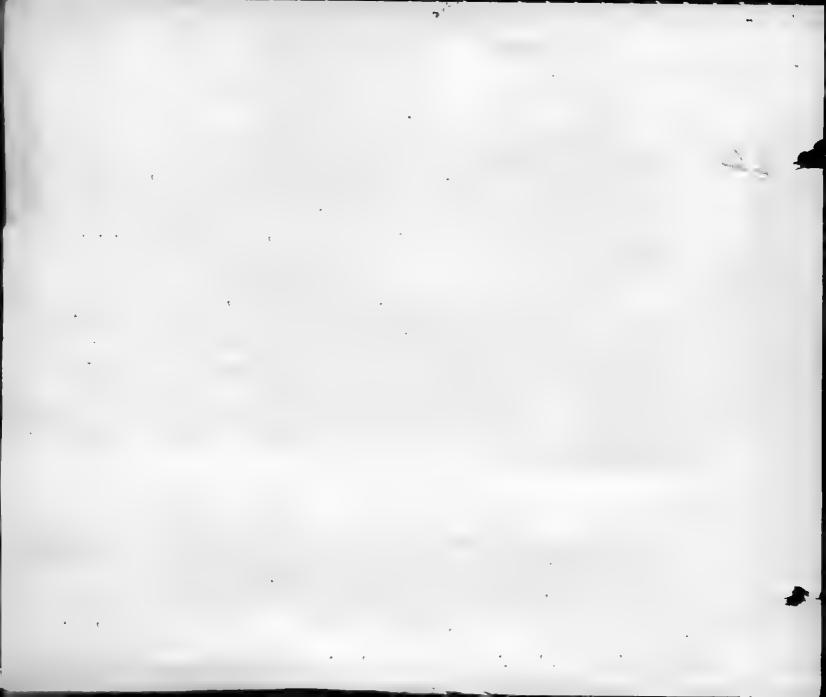
v6035

5	901 CERTIFIC	AIE OF DEATH
1 PLACE OF DEATH o. COUNTY MONTGOM	ERY MARYLAN	2. USUAL RESIDENCE (Where deceased lived on Residence before admission) o. STATE MARYLAND b COUNTY MONTGOMERY
b CITY OR TOWN (If outside corporate lim RURAL and give nearest town) SILVER SPRI	_	SILVER SPRING
d NAME OF HOSPITAL (If not in hospito), OR INSTITUT ON 229 GRANV	give street address) ILIE DRIVE	/d. STREET ADDRESS  229 GRANVILLE DRIVE   15 RESIDENCE ON A FARM? YES □ NO   229 ON A FARM? YES □ NO   230 ON A FARM?
3 NAME OF POECEASED (Type or print) Mary	Wolchick	Lost 4. DATE Month Doy Year OF DEATH May 23, 1960 19
5 SEX 6. COLOR OR RACE White	WIDOWED DIVORCED	MAY 29, 1899 60 yrs Months Days Hours Man.
Tod SUA, OCCUPATION (Give kind of work pring most of working life even if retire Beading	done 106 KIND OF BUSINESS OR IN d) Tire Manufactu	NDUSTRY IN BIRTHPLACE (Stote or foreign country) Tring Sheridan, Pennsylvania U.S.A.  U.S.A.
13. FATHER'S NAME Stephen Herrick		14. MOTHER'S MAIDEN NAME Mary unknown
15 WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (if yes, give wor or dates of		Ir. Theodore Wolchick, 229 Granville Drive
18. CAUSE OF DEATH [Enter only one of the part I DEATH WAS CAUSED BY IMMEDIATE CAUSE	(O) METASTA	TIC CARCINOMA ATTERVAL BETWEEN ON SET AND DEATH
Conditions if any, which gave rise to immediate couse (a), stating the under-	(b) CARCINON	YA OF COLON 5 MOS
	(c) Inditions <u>contributing</u> to death	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS) PERFORMED? YES NO
	H	URRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Y Hour a m. p. m.	While Not while	e PLACE OF INJURY (Home form, factory, street, office bidg., etc.) (County) (State
21 I certify that (I) (this hospite saw the deceased alive on	al) attended the deceased fro	am. 2/1. 1960, to 5/23, 1960, that (1) (we) to death occurred at 155M, from the causes and an the date stated above
220 SIGNATURE John H.	Justy	M.D. ATTENDING MED. STAFF 5/23/60
PHYS PLAN'S NAME (Type) JOHN H.	тпону Г	22d. ADDRESS 7720 WISCONSIN AVE BETHESDA 14, MD.
230 BUR AL CREMATION 236 DATE THER REMOVAL (Specify) 5/23/60	PT TINCOT	IN CREMATORY PRINCE CRORCE COUNTY, MD.
24 FUNERAL DIRECTOR'S SIGNATURE	SILVER SPR	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TO HOSP CONTROL OF TATABLE CONTROL OF A PAGE 1997 In the law requires that the death certificate be executed within 247FF 1975 order accounting the format by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ortending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremotian, or removal, and in any every within 72 hours after death. irs ofter deoth. Page TR ATTENDED TYSICIAN: The law requires that the death certificate be executed within 24.

VR A15 (4) 15M 9/59



138	MARYLAND STATE DEPARTMENT OF REALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  AFRICAL EYAMINED'S CERTIFICATE OF DEATH (10) 20
HEALTH DEPT.	1. PLACE OF DEATH  1. PLACE OF DEATH  1. SUSUAL RESIDENCE (Where deceased lived. H Institution: Residence before admission)
A Se sa se se se se se se se se se se se se se	e. COUNTY b. COUNTY 5
	b. CITY OR TOWN (if outs de proporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town)
irector. P your He	write RURAL and give newfort lown
for y is	d. NAME OF HOSPITAL OR INSTITUTION (if no) in hospital, give street address) d. STREET ADDRES   0. 15 RESIDENCE
dela dela fe Br	Wash Some & Hough 2200 Phelke Rd YES NO D
Stal Stal	3. NAME OF DECEASED A Hiddle Last 4. DATE Month Day Year
or the	(Type or prot) John George Wolf an DEATH May 12, 1960
and by by by safth	5. SEX COLOR OR RACE 7. MARR.ED NEVER MARRIED 8. MATE OF BIRTH 9. AGE (In your IF UNDER 1 YEAR IF UNDER 24 HRS.
er d	male who widowed Divorced 12-24-37 22 vis.
2, 1, 2, 2, 1, 2, 2, 1, 2, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
hour 3. Pages 3. Pages 1	13. FATHER'S MAIDEN NAME
Wilder Page	M. M. J. B. J. B. J. D. J. D. C.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES   16. SOCIAL SECURITY NO.   17. INFORMANT  Address
ted will for with for	(Yes, nb, of unkown) (lifyesgivewarordalesofsentiab)
Tem Tem Perm	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
moril in along	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) Cerebral humanhaye
penc ce al	1 X DUE TO 1
Pari Pari	Conditions, if eny, which (b) Intelline of skiller
S S S S S S S S S S S S S S S S S S S	gave rise to immediate cause (a), stating the underlying DUE TO
fical pend sed a	cause last. (c) Chest Chest  Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19, WAS AUTOPSY
Exe use ation	PERFORMED?
Figure 1	200. EXTERNAL CAUSE WAS 20b. DISCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
Should as the state of the stat	PRIMARY or CONTRIBUTING or CONTRIBUTING cause of DEATH. motorcycle acc. crashed in to residence -rte.501
hief bief bur	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF NURY (Home, farm, 20f. (City or town) (County) (State)
Page of T	Hour erm. Sall 1960 all work of higher the last work o
Cate Cate Prior	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
E E s S al	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
25 m O _ 25	SIGNATURE TRANS. PROSERVENT M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
DEFUTY ME lease should be forw. FUNERAL D	EXAMINER'S FLANK J. Broschart Address (Street, city, lown, or county)
DEFUT should rune its desi	226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY [22d. LOCATION (C.I.y. town, or country)] (State)
O P Share	Burial Liay 14, 1960 Ft Lincoln Cemetery Colmar Lanor, Md.
lei lei	23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE
VS. A15MF 5M 7/59	F. Gasch's Sons Hyattsville, Md. DATELY 16'60 Culled & Kanne
	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH

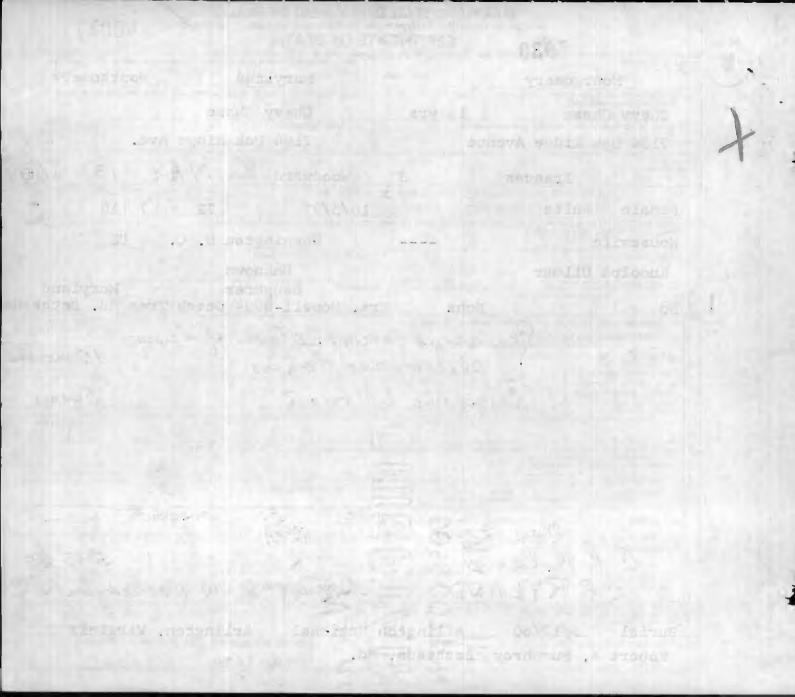
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

06037

Citty & Kans

5930 T+0	CERTIFICAT	E OF DEATH		
1. PLACE OF DEATH b. COUNTY	m / 131	2. USUAL RESIDENCE (Where	b. COUNTY	ence before admission)
Montgomery	MARYLAND	Maryla	and Mo	ntgomery
<ul> <li>CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side corporate limits, write RURAL and	d give neorest town)
Chevy Chase	18 yrs		Chase	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 7104 Oak Ridge Aven		/d. STREET ADDRESS 7104	Oak Ridge Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle		DATE Aonth	, Day Year
(Type or print) Frances	J	Woodward	DEATH / //	13, 1960
s. sex 6. color or race 7. Mari	RIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years last birthday) 72 6 2 yrs.	Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.		RY 11. BIRTHPLACE (State or		ITIZEN OF WHAT COUNTRY?
during most of warking life, even if retired) Housewife				US
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	9	
Rudolph Ullmar			nown	
No. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		FORMANT Daugl		Maryland
/ No	None Mr	s. Powell-80	004 Beech Tree	Rd. Bethesda
Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS	Cinoma let	Theast	al disease condition given in P.	5 years.  ART 1(0) 19. WAS AUTOPSY PERFORMED?
CATIC				YES NO
OR CONTRIBUTING CAUSE OF DEATH US (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Par	it I ar Part II of Stem 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Haur a. m. While p. m. 19 of wor	Not while fact	CE OF INJURY (Home, farm, ory, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (Stote)
	ded the deceased fram	eath accurred 205 A	h, from the causes and an t	
220. SIGNATURE P. Rylan	ed .		CTOR STAFF	5-13-60
P. RYLA	ND	4400-49 m	St. NW Wash	ugton/6DC
23g. BURIAL, CREMATION, REMOVAL (Specify)  Burial  5/17/60	23c, NAME OF CEMETERY OR Arlington	CREMATORY 2		rginia
24. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey	Bethesda, M	2So. REC'D	BY REGISTRAR 256, REGISTRAR'S	

TO HOSP VR AIS (4) 1SM 9/S9



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06038

6072

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

o. COUNTY	ntgomery	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryls	_	lived. If institution b. COUNTY	on: Residence bei	
RURAL and give	(If outside corporate limits, write nearest town) thesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpord		URAL and give n	earest town)
OR INSTITUTION	PITAL (If not in hospital, give street Nourban Hospital	oddress)	/ d. STREET ADDRESS	eurilee	Lane		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Josephine	Middle R.	Wyckoff	4. DATE OF DEATH	Mon Ma:		1 19 6
S. SEX 7	6. COLOR OR RACE 7. MAR		2 - 5 - 2		AGE (In years lost birthdoy)  37 yrs.	Months Days	Hours Min
during most of we	NON (Give kind of work done orking life, even if retired)	KIND OF BUSINESS OR INDI	Nebraska	or foreign cou	intry)	U.S.	A.
13. FATHER'S NAME	or Edward E.	Sweeney	34. MOTHER'S MAIDEN	name	lyhen	e.	
15. WAS DECEASED EN	VER IN U., S. ARMED FORCES? 16.		informant arles W. Wyck	off			rilee La Spring, M
Conditions, if gave rise to couse (o), statin lying couse los	g the under-		Pauer T NOT RELATED TO THE TERM			EN IN PART I(o)	le SCA
200. ACCIDENT V	VAS UNDERLYING ☐ 20b. DES	CRISE HOW INJURY OCCURR					PERFORMED? YES NO
Ulf EITHER, NOTIF	. While	4.	LACE OF INJURY (Home, for octory, street, office bldg., et		or town)	(County	y) (Sto
21. I certify alive ap  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	JOHN J. CURRY	cury	2 419 6 6 to 1 h accurred at 5,3 M.D. 1 6 6 2		1	d an the da	te stated abar DATE SIGN
220. BURIAL, CREMAT REMOVAL (Specif BURIAL	10N, 22b, DATE THEREOF (y) 5/4/60	ARLINGTON NA	OR CREMATORY L'IONAL CEMETE!		ON (City, towy,		(State)
3. FUNERAL DIRECTO	PERS SIGNATURE  PUMPINES INC.	ADDRESS SILVER SPRIN		AY 3 '6	m and	STRAR'S SIGNAT	

TO HOSPICACOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 cours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld by filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/58

10

